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Secretary of State

02-21-1999 90030 010 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078817

MARLIN REALTY & INVESTMENT, INC.

MARLIN R	EALTY & INVESTMENT,	ING.				
Principal Place of	f Business	Mailing Address				
556 BEACH DR N		556 BEACH DR NE				
ST. PETERSBURG	FL 33701	SUITE 302-C				DO NOT WRITE IN THIS SPACE
ÚS		ST. PETERSBURG FL 33701 US				3. Date Incorporated or Qualifed
		UO				10/12/1995
	/ D. Jacob	2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business		26				59-3350632 Not Applicable
21		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		27				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Added to Fees
- -1		28				Trust Fund Contribution
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Agent		81	Name	
				8'		
RONE	Y, PAUL H JR			82	Street A	Address (P.O. Box Number is Not Acceptable)
	EACH DR NE			02	ļ.——	
	302C			83	_	
ST. P	ETERSBURG FL 33701			84	City	FL 85 Zip Code
						of changing its registered
agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obl	igations of, Section 607.0505, F	iorida St	atutes	3.	
SIGNATURE	Signature, typed or printed name of registered	agon and mark			nt signature re	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTORS		3.		ADDITIONS/CHARGES 10 G Change Addition
TITLE	PD	☐ DELETE		TITLE	ļ	
NAME	GEHRDAU, JAN-UDO			2 NAME		
STREET ADDRESS	LANGWISCH 4-22391				TADDRESS	s
CITY-ST-ZIP	HAMBURG GE	Floriette		4 CITY-	ST-ZIP	Change Addition
TITLE	VD	DELETE		1 TITLE		
NAME	RONEY, PAUL H JR			2 NAMÉ		30
STREET ADDRESS	556 BEACH DR NE				ET ADDRESS	»
CITY-ST-ZIP	ST PETERSBURG FL	DELETE		4 CITY-		Change Addition
TITLE				.1 IIILE .2 NAME		
NAME					ET ADORESS	SS .
STREET ADDRESS			1	.3 STRE .4. CITY		
CITY-ST-ZIP		☐ DELETE		.1 TITLE		Change Addition
TITLE		[] bereie		. 2 NAM		
NAME					ET ADDRESS	ss
STREET ADDRESS				1.4 CITY		
CITY-ST-ZIP		DELETE		5.1 TITLE		Change Addition
TITLE				5.2 NAM		
NAME			. .	5.3 STRE	ET ADDRESS	ess
STREET ADDRESS				5.4 CITY	-ST-ZIP	
CITY-ST-ZIP		DELETE		6.1 TITL	E	Change Addition
TITLE				6.2 NAM	E	
NAME			1	6.3 STR	EET ADDRESS	ESS
STREET ADDRESS	6			6.4 CITY	-ST-ZIP	Section 16 the continue that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corpolation by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: