

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90004 013 \*\*\*550.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000043076**

1. Corporation Name  
**BLUE MARLIN MANAGEMENT INC.**

Principal Place of Business  
**20335 OLD CUTLER RD., SUITE 201**  
**MIAMI FL 33189**

Mailing Address  
**P.O. BOX 450549**  
**SUNRISE FL 33345**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		05/13/1996		65-0669156		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22		27		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution					
23		28							
Zip		Zip		Country		Country			
24		29		30076		30		USA	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
<b>SPELIOS, LOUIS G</b> <b>20335 OLD CUTLER RD., SUITE 201</b> <b>MIAMI FL 33189</b>					81 Name				
					CT Corporation System				
					82 Street Address (P.O. Box Number is Not Acceptable)				
					1200 South Pine Island Rd				
					83				
					84 City				
					Plantation				
					FL				
					85 Zip Code				
					33332				

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERTICK, PHILIP			1.2 NAME			
STREET ADDRESS	37 ERWIN CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37204			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, BRUCE A			2.2 NAME	Mitchell, Bruce A.		
STREET ADDRESS	77 EAST ANDREWS APT 329			2.3 STREET ADDRESS	77 East Andrews Apt. 329		
CITY-ST-ZIP	ATLANTA GA 30305			2.4 CITY-ST-ZIP	Atlanta GA 30305		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 supplemental 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 corporation or 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25, 1999 (770) 998-897

Date

Daytime Phone #

CR2E034 (11/98)

0318765