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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 23 1997 8:00am Secretary of State

| DOCUMENT # P96000092925 (2) 1. Corporation Name MARLIN ALUMINUM PRODUCTS, INC. Principal Page of Funites Address Mailes Address | | | | | | | | | | | |
|---|---|--|-------------------------------------|---|---|---|--|--|----------------------------------|--------------------------------------|--|
| Principal Place of Business 2330 15 STREET SARASOTA FL 34237 | | | 2330 | Mailing Address 2330 15 STREET SARASOTA FL 34237-2910 | | | | 198 - 10140 - GLAN - 40111 - 80111 - 34 | pred 40 54 0 191/9 | 11 | 8+ 4 1 19 3 |
| | | | | | | | 3. Date Inc 11/08/1 | orporated or Qualified | 3a. Da | ite of Last I | Report |
| | lace of Busines | SS | ļ | Mailing Address | | | 4. FEI Num | ber | | | pplied For |
| Suite, Apt | #. etc | | 26 | Suite, Apt. #, etc. | · | | | 59-341 | | | ot Applicable Additional |
| 22 | ., | | 27 | | | | 5. Certificat | e of Status Desired | | | equired |
| City & State | le | | | City & State | | | , | Campaign Financing | F1 | | May Be |
| 23 Zip | <u>T</u> - | Country | 28 | Zıp | Countr | · | | d Contribution | | | to Fees |
| 24 | 25 |) ´ | 29 | | 30 | , | Florida S | poration has liability fo tatutes | Yes [| | 6. 199.032, |
| | | nd Address of C | urrent Regist | ered Agent | | · · · · · · · · · · · · · · · · · · · | 10. Name a | nd Address of New F | Registered / | Agent | |
| | RTLETT, CHAP | | | | 81 | Name | | | | | <u> </u> |
| | 3 main stre Iasota fl 34 | | | | 82 | Street Add | dress (P.O. Box N | lumber is Not Accept | able) | | |
| Onit | MUU IN 1 L W | 1601 | | | 83 | 3 | *************************************** | | | | |
| | | | | | 84 | City | , | | | 85 Zip | Code |
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| 11. Pyrsuant: | to the provision | ns of Sections 60 | 7.0502 and 60 | 17 1508 Florida Stat | idae tha abai | | enaration automita | thic ctatement for the | nurnnee of | changing | its registered |
| office or r | iediaidina edal | it, or both, in the | State of Florida | a. Such change was | authorized b | ve-named col by the corpora | ation's board of d | irectors. I hereby aco | ept the app | ointment as | registered |
| | am familiar with. | it, or both, in the , and accept the | State of Florida obligations of, | a. Such change was Section 607.0505, I | authorized b Florida Statute | ve-named col by the corpora ss. | ation's board of d | this statement for the irectors. I hereby acc | ept the app | ointment as | s registered |
| office or r agent. La SIGNATURE | | it, or both, in the and accept the provided name of legister | | | | | ation's board of d | irectors. I hereby aco | opt the app | ointment as | s registered |
| SIGNATURE | Signature Typed or | proded name of legisles | | t applicable (NO | OTE Registered Ac | | julred when reinstating) | irectors. I hereby acc | DATE | DIRECTO | RS IN 12 |
| SIGNATURE 12. THE | Signature Typed or | printed rame of legister OFFICERS | red agent and title I | fappicable (NC | OTE Registered Ac | pent signature requ | julred when reinstating) | , | DATE | | |
| SIGNATURE 12. TILLE NAME | Signature Typed er D O'BRIEN, B | printed came of register OFFICER! | red agent and title I | t applicable (NO | DTE: Registered Ag 13. 1.1 TITLE 1.2 NAME | gent signature requ | julred when reinstating) | , | DATE | DIRECTO | RS IN 12 |
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