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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037644 (6)

MARLINS BIG GAME CLUB, INC.

Principal Place of Business

Mailing Address

FILED
May 01 1998 8:00am
Secretary of State



1 3848 ATLANTIC BLVD., BLDG. 3 JACKSONVILLE FL 32225		13846 ATLANTIC BLVD JACKSONVILLE FL 322			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address	 		04/28/1997 4. FEI Number Applied For	
21	ace of Dusilloss	26			59 - 3444885 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
—, Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Curr	29 reat Basistered Agent	30		Personal Property Tax due June 30. Yes No	
		rent negistered Agent	8	1 Nan	10. Name and Address of New Registered Agent	
WHITE, CHRISTOPHER A			0	IVAII	inte	
	10 \$. 3RD ST., STE. A CK SO NVILLE BEACH FL 3225	·o	8:	2 Stre	reet Address (P.O. Box Number is Not Acceptable)	
JA	UNGUNVILLE DEAUTI PL 3223	iu	8	3		
			L			
			8-	City	Sy FL 85 Zip Code	
SIGNATURE	n familiar with, and accept the ob				nature required when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DUAD A	DELETE	1.1 TITLE		Change Addition	
NAME	BERLIN, DAVID A	100 0	1.2 NAME			
STREET ADDRESS	13846 ATLANTIC BLVD., B JACKSONVILLE FL 32225	LDG. 3		T ADDRES	ESS	
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition	
NAME	STRICKLAND, KEVIN L	E DECEM	2.1 HACE		Strainge Accilion	
STREET ADDRESS	13846 ATLANTIC BLVD., 8	LDG. 3	ŀ	T ADDRES	FSS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		2. 4 CITY			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	•		3.3 STRE	T ADDRES	ESS	
CITY-ST-ZIP		T points	3.4. €ITY	ST - ZIP	**************************************	
TITLE		☐ DELETE	4.1 TITLE	_	L Change Addition	
NAME CONSTITUTION			4. 2 NAM		770	
STREET ADDRESS				T ADDRES	:55	
TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE	31-ZIP	Change Addition	
NAME			5.2 NAME		المعالمة المناطقة الم	
STREET ADDRESS				T ADDRES	ESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRES	ESS	
CITY-ST-ZIP			64 CITY	ST-ZIP		

4. 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 andress.

1/ ______

W m or any man