PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

03-09-1999 90036 033 ***150.00

FILED

Mar 09, 1999 8:00 am Secretary of State

1999

DOCUMENT # **P98000000465**1. Corporation Name

BLACK MARLIN INVESTMENTS, INC.

Principal Place of Business 759 S FEDERAL HWY STE 217 STUART FL 34994

Mailing Address

759 S FEDERAL HWY STE 217 STUART FL 34994 DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

					01/02/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0806383	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ''		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be
	~	28			Trust Fund Contribution	Added to	
23 Zip	Country	Zip	Countr	v	8. This corporation owes the current year I	ntangible	
	25	├ ─ `	10	,	Personal Property Tax.		□No
24	9. Name and Address of Current		1		10. Name and Address of New Registered	d Agent	
	3. Name and Address of Current	Registered Agent	81	Name			
GLASRUD. THEORDORE G					same		
3671 SE FAIRWAY WEST				Street Add	ddress (P.O. Box Number is Not Acceptable)		
STUART FL 34997				335	4 SE Fairway East		
510/	ARI FL 34997		83	'	•		
			84	L City		85 Zip C	ode
				Stu	act F	L 34	7997
11. Pursuant to office or reagent. Lar	to the previsions of Sections 607.0502 egistered agent, or both, in the State of armillar with, and accept the obligation	ons of Section 607.0505, Florid	ia Siaiule	the corpora	fion's board of directors. I hereby accept the app	of changing its in ointment as reg	registered listered
3.3	Signature, primer name of registered agent			ent signature requi	red wildi foliatating)		50 NI 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	President DELETE		1.1 TITLE			Change	☐ Addition
NAME	Glasrud, Theodore G.		1.2 NAME				
STREET ADDRESS	DRESS 3354 SE Fairway East			ET ADDRESS			
CITY-ST-ZIP	Stuart, FL	34597	1.4 CITY-	ST-ZIP			
TITLE	υρ	☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME	Kuchn, Paul		2.2 NAME				
STREET ADDRESS				T ADDRESS			
	1807 FICE CITER	11-1 55117	2. 4 CITY-				
CITY-ST-ZIP	New Brighton Secretary - Ti	DELETE	3.1 TITLE	31-ZIF		☐ Change	Addition
	Co - Polit	, 602	3.2 NAME				
NAME Gerry Pohl STREET ADDRESS 3317 Edward St. NE							
STREET ADDRESS	331 / Raward 34.	· · · · · · · · · · · · · · · · · · ·		ET ADDRESS			
CITY-ST-ZIP	Minneapolis, 1	7/U 557/6	3.4. CITY- 4.1 TITLE	S1-ZIP		Change	Addition
TITLE		[] DELETE				L.J Criango	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			□ A.J. D!
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREI	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			l
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
GIT-SI-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 of an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424/99

(561) 781-077/

Daytime Phone #

K2E034 (11/98)