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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800002409 1. Corporation Name

MARLIN MORTGAGE, INC.

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90014 036 ***150.00



SOUTHWEST 64TH COURT LAUDERDALE FL 33331	17010 SOUTHWEST 64TH C FT LAUDERDALE FL 33331	COURT	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 01/09/1998	SPACE
Principal Place of Business	2a. Mailing Address		4. FEI Number 65- 0804 597	Applied For
2910 MIRAMAR PKW	26		65-0804591	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MIRAMAR FLA	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 Country	Zip [Country	This corporation owes the current year Int Personal Property Tax.	angible ☐ Yes ☐ No
9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
office or registered agent or both in the State	of Florida, Such change was all	ithorized by the comorati	ress (P.O. Box Number is Not Acceptable) PLU Soration submits this statement for the purpose of on's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the appointment of the purpose of the appointment of	changing its registered
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.		
NA PURE		Registered Agent signature require	ed when reinstating) DATE	49 99
Signature, type or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
RAJA, HAYDER A 17010 SOUTHWEST 64TH CO ST-ZIP FT LAUDERDALE FL 33331	DURT	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
	☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
(ADONESS		2.3 STREET ADDRESS		
ST ZIG		2. 4 CITY-ST-ZIP		50
-	☐ DELETE	3.1 TITLE 3.2 NAME		~ [] Change ~ ~ [] Addition
I ADDRESS		3.3 STREET ADDRESS	•	
ST ZIP	T API CTE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
		1		
: ADGRESS		4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		
ST ZIP	DELETE	4.4 C/TF-ST-ZIP		☐ Change ☐ Addition
		5.2 NAME	• ; •	
.1 ADDRESS		53 STREET ADDRESS	•	•
ST-ZIP		5.4 CITY-ST-ZIP		
	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
_! ADDRESS		6.3 STREET ADDRESS	•	
ST-ZIP		6.4 CITY-ST-ZIP		

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.