## 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 # P98000020700

MARLIN COMMUNICATIONS, INC.

Prin	cipal Place of Business	
6056	LILMERTON ROAD	

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90053 040 \*\*\*150.00



Principal Place of Business		Mailing Address						
056 ULMERTON ROAD CLEARWATER FL 33760		6056 ULMERTON ROAD CLEARWATER FL 33760		DO NOT WRITE IN THIS	SPACE			
				3. Date Incorporated or Qualifed 03/02/1998				
2. Principal Place of Business		2a. Mailing Address	<del>-</del>	4. FEI Number	Applied For			
1		26		59-349 6272	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
2		27			·			
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip C	ountry	8. This corporation owes the current year Inta	ngible			
<u> </u>	25	29 30		Personal Property Tax.	☐ Yes ☑No			
	9. Name and Address of Cu		10. Name and Address of New Registered Agent					
COOVER JR., DAVID S 6056 ULMERTON ROAD			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  7 601 - 18 Th AVE NORTH					
CLE	ARWATER FL 33760		83					
				PETERSBURG FL	85 Zip Code 337/0			
office or r	egistered agent or both in the S	.0502 and 607.1508. Florida Statutes, the tate of Florida. Such change was authorize bligations of, Section 607.0505, Florida S	zed by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its registered tment as registered			

•												
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	equired when reinstating)		DA	TE	<del></del>					
12.	Signature, typed of printed name or registered agent and use in applications.											
TITLE	DELETE	1.1 TITLE	PRESIDENT			☐ Change	Addition					
NAME		1.2 NAME	DAVID S. C	200VER,	TR.							
STREET ADDRESS		1.3 STREET ADDRESS	7601 - 18th	AV N	01711							
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST. PETER.	BURG.	FL	337/0						
TITLE	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition					
NAME		2.2 NAME										
STREET ADDRESS		2.3 STREET ADDRESS										
CITY-ST-ZIP		2. 4 CITY+ST-ZIP			_	_ <b>_</b>						
TITLE	DELETE	3.1 TITLE				☐ Change	☐ Addition					
NAME		32 NAME										
STREET ADDRESS		3 3 STREET ADDRESS										
CITY-ST-ZIP	<u></u>	3 4. CITY- ST-ZIP		·,-								
TITLE	☐ DELETE	4,1 TITLE				Change	☐ Addition					
NAME		4. 2 NAME										
STREET ADDRESS		4.3 STREET ADDRESS										
CITY-ST-ZIP		4.4 CITY-ST-ZIP				<u> </u>						
TITLE	☐ DELETE	5.1 TITLE			•	☐ Change	☐ Addition					
NAME		5.2 NAME				•						
STREET ADDRESS		5.3 STREET ADDRESS					•					
CITY-ST-ZIP		5.4 CITY-ST-ZIP										
TITLE	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition					
NAME	<del>;</del>	6.2 NAME	,	•								
STREET ADDRESS		6.3 STREET ADDRESS										
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>									
14 hereby	certify that the information supplied with this filing does not qualify for t	he exemption stated	d in Section 119.07(3)(i)	, Florida Statut	tes. I furth	er certify that the in	tormation					

Interest certify discrete information supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I further certify that the finding indicated on this annual report or supplemental annual report is true and exemption 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 attackment with an address, with all other like empowered.

SIGNATURE: 4