


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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90006 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000077787					
1. Corporation Name PURLIN, INC.					
Principal Place of Business 811 EAST 9TH AVENUE MOUNT DORA FL 32757			Mailing Address 811 EAST 9TH AVENUE MOUNT DORA FL 32757		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 8		09/09/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3533636	
City & State		City & State		Applied For	
23		28 Mt. Dora, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 32756		30 Lake	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. Additional Fee Required	
RICE, JOHN 627 NORTH DONNELLY STREET MOUNT DORA FL 32757		81 Name		\$8.75	
		82 Street Address (P.O. Box Number is Not Acceptable)		May Be	
		83		Added to Fees	
		84 City		5.00	
		FL		May Be	
		85 Zip Code		Added to Fees	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

Gardar Einarsson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)