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 # P98000077787

1. Corporation Name

PURLIN, INC.

Principal Place of Business

Mailing Address

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

08-09-1999 90006 031 ***550.00

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811 EAST 9TH . MOUNT DORA I		811 EAST 9TH AVENUE MOUNT DORA FL 32757		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/09/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	<u></u>		4. FEI Number	Ap	plied For
21		26 4.0. Box	8		59-3533636	No	t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
- City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28 mt. 2000	- , +4		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29 32706 30	1 La	ke_	Personal Property Tax.	Yes	□No
2-4]	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			ļ
RICE, JOHN 627 NORTH DONNELLY STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	MOUNT DORA FL 32757		83			-	
				City		FLII	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	onzeo dy tni	amed corp e corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
SIGNATURE		MOTE PO	mintored Agent of	onatura roquire	ed when reinstating) DAT	F	\
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	grizatura reduire	ADDITIONS/CHANGES TO OFFICER		DR\$ IN 12
12.	D OPPICERS AND	DELETE	1.1 TITLE		, comondia a a como a c	☐ Change	☐ Addition
TITLE		LLI DECETO	1.2 NAME				Ì
NAME	EINARSSON, GARDAR			200500			1
STREET ADDRESS	811 EAST 9TH AVENUE		1.3 STREET AL				
CITY-ST-ZIP	MOUNT DORA FL 32757		1.4 CITY-ST-Z	IP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Oa.i.go	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET AL	DDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-	ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			□ change	- Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET A	DDRESS)
CITY-ST-ZIP			3.4. CITY-ST-	ZIP`			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-2	DP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	}			
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY+ST-2	ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		_ ·	6.2 NAME				
			6.3 STREET A	DORESS			ļ
STREET ADDRESS			6.4 CITY-ST-2	1			
CITY-ST-ZIP :	(2) 10元 4 5.34	<u>_</u>	0.4 011 1-31-2	-"			

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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

UKE KECCO MD TYPED OR PRINTED NAME OF SIGNING OFFICER OR