

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

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

04-19-1999 90048 031 ***150.00

0400309

DOCUMENT # S88099

1. Corporation Name
CYNMARLYN, INC.

Principal Place of Business
8901 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647
US

Mailing Address
8901 MAGNOLIA CHASE CIRCLE
TAMA FL 33647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1991

4. FEI Number

59-3090322

Applied For

Not Applicable

2. Principal Place of Business

21 19116 Mandarin Grove Pl

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33647

Country

25 U.S.

2a. Mailing Address

26 19116 Mandarin Grove Pl

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33647

Country

30 U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

BLALOCK, ROBERT G.
802 11TH STREET WEST
BRADENTON FL 34025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	MCKEOWN, FRANK E.	
STREET ADDRESS	8901 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MCKEOWN, CYNTHIA L.	
STREET ADDRESS	8901 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	19116 Mandarin Grove Place	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE	D/S/T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	19116 Mandarin Grove Place	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CYNTHIA L. MCKEOWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

(813) 910-4449

Daytime Phone #

CR2E034 (11/98)