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

PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V39306

(8)

MARLIN TRANSPORT, INC.

FILED Jun 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					
10250 NW SOUTH RIVER DR P.O. BOX 1176 MEDLEY FL 33178 TITUSVILLE FL 32781					
		1		3. Date incorporated or Qualified 05/28/1992	3a. Date of Last Report 10/01/1996
2. Principal Place of Business		26 PO Box 521048		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Pa Box 521048		59-3130583	Not Applicable
22		Suile, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	
23		28 MIAMI	FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30 DAdE		Yes No
ļ	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
SPRAGUE, GERALDINE A					
102 00 NAV SQUTH RIVER DR IVE				ress (P.O. Box Number is Not Acceptable	9) , ,,
MEDLEY_FL-93178			1880	Tress (P.O. Box Number is Not Acceptable	104.0
	-MAHLKO	f '	83		′
	A		84 City	7 11-	FL 85 Zip Code 32.780
11. Purcuent	to the provisions of Sections 607 050	2 and 607 1508 Elorida Statuto	the above paged our	voretien public this eleterned for the p	FL 37780
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 # applicable (NOTE: Registered Agent's gnature required when reinstating) DATE DAT					
12.	Signature, typed or printed name of registered age OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE THE AND DIRECTORS IN 12
TITLE	P	DELETE	1.5 TOLE	NODITIONOJO INNOLO TO OTTIOL	Change Addition
NAME	SPRAGUE, KEVIN M		1.2 NAME		
STREET ADDRESS	6915 MAIN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 DITY-S1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	4		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		DELETE	4.4 CITY - ST - ZIP		Change 1 4249ia
TITLE		□ nereit	5.1 TITLE		Change Addition
NAME CTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	-	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		First Detection	6.2 NAME		CHOUNG CHANGING
STREET ADDRESS					
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
OILL-91-YIL			0.4 U111-51-716		

I do 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.