FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

V59252

(9)

BLUE MARLIN REALTY, INC.

Principal Place of Business

Mailing Address



FT. LAUDERDALE FL 33306-1120		2000 E. OAKLAND PARK BLVD. #110 FT. LAUDERDALE FL 33306-1120								
						3. Date Incorporated or Qualified 08/21/1992	3a. Date	of Last 1/21/1		
2. Principa Place of Business 2a. Mailing Address 26						4. FEI Number 65-0361795	.d	Ì	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.						05/0501785		60.7	Not Applicable	
		27				5. Certificate of Status Desired			5 Additional Required	
	lly & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Count	try		8. This corporation has liability for i		cunder:	s 199.032,	
	Name and Address of Curr	ent Registered Agent		_		10. Name and Address of New R		geni		
			8	31	Name					
	, WALTER B. III		8	32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
2000 EAST OAKLAND PARK BOULEVARD SUITE 110						Thursday (1.5. Son Harmon & Hot Hocoptable)				
	: 110 Lauderdale FL 33306-1120		Į8	33						
FUNI	LAUDENDALE PL 33300-1120		8	34	City			85 2	ip Code	
Pursuan	nt to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the above	E D	anied comors	ation submits this statement for the pur	FL			
	tered agent, or both, in the State of Fic with, and accept the obligations of, Se			rpo	ration's board	ation submits this statement for the purp id of directors. I hereby accept the appo	ontment as	nging its registere	registered off d agent. I am	
GNATURE	was, and assessed the exhigation of or, ou	eddir 607.0300, Florida Stattites.								
	Size at ear typed or proted name of mg cover ag-			gert	signature required	t when reinstating)	DATE			
 F	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFI				
lł	DUKE, WALTER B. III	רין טנוגונ	1. 1 TITLE 1.2 NAME					Change	Addition Addition	
r To acoress	BASA ST BASIS SAID DANGE SAID STATE			-						
: S1:7P	PT 441DPDD11F PL 00000 4440			1.3 STREET ADDRESS						
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:	MCLEMORE, SCOTT M.		2.2 NAME				1	Change	Addition	
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ST ZiP	FT. LAUDERDALE FL 33306	2.4 CITY - ST - ZIP								
	V	DELETE	3 1 TITLE					Change	Addition	
:	CLOBUS, ROBERT D.	3 2 NAME				_				
ET ADDRESS			33 STRE	EET #	ADDRESS					
- \$1 - ZiP	FT. LAUDERDALE FL 33306	3-1120	3.4 D(TY	-51-	- ZIP					
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ST ZIP			44 CITY	· ST-	ZIP					
		DELETE	5 1 TiTLE	E				Change	Addition Addition	
			5.2 NAME	E						
LADDRESS			5.3 STREI	ET A	DORESS					
ST ZIE					ZIP					
		DELETE	6 1 TITLE					Change	Addition	
			6.2 NAME		1					
	· 1	<u>~``</u>								
EFT ADOMESS (+ST_ZIF		/	6.4 CITY-		DDRESS					

oath, that I am an officer or director of the comporation 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 chapter 607 on an attachment with an address.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR