

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006039 (1)

1. Corporation Name
MARATHON INVESTMENT CORP.



Principal Place of Business: 10147-A W. OAKLAND PARK BLVD. SUNRISE FL 33351 US
Mailing Address: 10147-A W. OAKLAND PARK BLVD. SUNRISE FL 33351 US

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 05/01/1995
4. FEIN Number: 65-0361882
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 10001 N.W. 50th Street
22. Suite 201H
23. Sunrise, FL
24. 33351
25. Broward
2a. Mailing Address
26. 10001 N.W. 50th Street
27. Suite 201H
28. Sunrsie, FL
29. 33351
30. Broward

9. Name and Address of Current Registered Agent
LEIBOWITZ, PATRICIA
10001 N.W. 50th St.
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 the corporation. (If the registered agent signature requires a label, use this label.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D	NAME	HOUCHIN, PETER D
STREET ADDRESS	10147-A W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	SUNRISE FL		
TITLE	PD	NAME	LEIBOWITZ, PATRICIA A
STREET ADDRESS	10147-A W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	SUNRISE FL		
TITLE	S	NAME	LEIBOWITZ, PATRICIA A.
STREET ADDRESS	10147-A W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	SUNRISE FL		
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE		12. NAME	
13. STREET ADDRESS	10001 N.W. 50th St.		
14. CITY-ST-ZIP			
21. TITLE		22. NAME	
23. STREET ADDRESS	10001 N.W. 50th St.		
24. CITY-ST-ZIP			
31. TITLE		32. NAME	
33. STREET ADDRESS	10001 N.W. 50th St.		
34. CITY-ST-ZIP			
41. TITLE		42. NAME	
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE		52. NAME	
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		62. NAME	
63. STREET ADDRESS			
64. CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96 954-746-7548
Date Time

CR2E034 (3/95)