


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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000006039 (1)

1. Corporation Name
MARATHON INVESTMENT CORP.



Principal Place of Business 10001 NW 50TH STREET 201H SUNRISE FL 33351 US	Mailing Address 10001 NW 50TH STREET 201H SUNRISE FL 33351-8061 US
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3. Date Incorporated or Qualified 10/27/1992	3a. Date of Last Report 06/28/1996
4. FEI Number 65-0361862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 1844 N. Nob Hill Road 435 Apt. #, etc. Plantation, FL 33322 US	2a. Mailing Address 1844 N. Nob Hill Road 435 Apt. #, etc. Plantation, FL 33322 US
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9. Name and Address of Current Registered Agent
**LEIBOWITZ, PATRICIA
10147 W. OAKLAND PARK BLVD.
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
**Patricia A. Leibowitz
1844 N. Nob Hill Road #435
Plantation
33322
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: *Patricia Leibowitz* **PATRICIA LEIBOWITZ** **4-23-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	HOUCHIN, PETER D	
STREET ADDRESS	10001 NW 50TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LEIBOWITZ, PATRICIA A	
STREET ADDRESS	10001 NW 50TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	LEIBOWITZ, PATRICIA A.	
STREET ADDRESS	10001 MW 50TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. PDTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Leibowitz, Patricia A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	1844 N. Nob Hill Road #435		
1.3 STREET ADDRESS	Plantation, FL 33322		
1.4 CITY-ST-ZIP	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	Peter D. Houchin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	1844 N. Nob Hill Road #435		
2.3 STREET ADDRESS	Plantation, FL 33322		
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: *Patricia Leibowitz* **PATRICIA LEIBOWITZ** **4-23-97** **954 424-5939**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)