

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90266 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 323847

1. Corporation Name
MARATHON FLIGHT SCHOOL, INC.

Principal Place of Business
**3010 W PATRICK STREET
 KISSIMMEE FL 34741**

Mailing Address
**3010 W PATRICK STREET
 KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1967

4. FEI Number
59-1201848

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

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRETSCH, ERNEST
 1517 COLONY AVE
 KISSIMMEE FL 34744**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD PRETSCH, ERNEST**
 STREET ADDRESS **1517 COLONY AVE**
 CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VPD BIRKS, ROBERT W.**
 STREET ADDRESS **3374 FOREST GLEN DRIVE**
 CITY-ST-ZIP **DENTON TX**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **834 Long Bay Ct**
 2.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE DELETE
 NAME **SD BIRKS, JEANNE PRETSCH**
 STREET ADDRESS **3374 FOREST GLEN DR**
 CITY-ST-ZIP **DENTON TX**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **834 Long Bay Ct**
 3.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE DELETE
 NAME **T POPLAR, TALLULAH**
 STREET ADDRESS **4409 SUNTAN DR**
 CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS **Jeanne Pretsch Birks**
 4.4 CITY-ST-ZIP **834 Long Bay Ct. Kissimmee, FL 34741**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: *Jeanne P. Birks*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 407 847-6113
 Date Daytime Phone #

CR2E034 (1/98)