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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 361855

1. Corporation Name

(0)

MARATHON RESTAURANT AND BAR SUPPLY, INC.

Principal Place of Business Mailing Address
1009 NORTH DIXIE 1009 NORTH DIX
WEST PALM BEACH FL 33401-3331 WEST PALM BE

Country

9. Name and Address of Current Registered Agent

1009 NORTH DIXIE
WEST PALM BEACH FL 33401-3331

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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Jan 30 1998 8:00am Secretary of State

**FILED** 



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

03/30/1970

59-1289915

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

FEI Number

1199 DREXEL WEST PALM BEACH FL 33409  82 Street Address  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  ITILE PD OFFICERS AND DIRECTORS  13.  STREET ADDRESS  1199 DREXEL STREET ADDRESS  CITY-ST-ZIP W. PALM BEACH FL  TITLE ST DELETE 2.1 TITLE  DELETE 2.1 TITLE  1.4 CITY-ST-ZIP  TITLE  DELETE 2.1 TITLE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 2.1 TITLE  2.1 TITLE  DELETE 2.1 TITLE  1.1 TITLE  DELETE 2.1 TITLE  1.1 TITLE  DELETE 2.1 TITLE  DELETE 2.1 TITLE  TITLE  DELETE 2.1 TITLE  DELETE 2.1 TITLE	's board of directors. I hereby accept the appointment as registered
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Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required volume if applicable.)  12. OFFICERS AND DIRECTORS  13.  ITILE  NAME  CLARKE, GEORGE E.  1199 DREXEL  STREET ADDRESS  CITY-ST-ZIP  W. PALM BEACH FL  1107 TOTE. Registered Agent signature required volume in a position of the properties of the propertie	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN A SECOND COMMENT OF THE
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STREET ADDRESS   1199 DREXEL   1.3 STREET ADDRESS   W. PALM BEACH FL   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP	☐ Change ☐ Addition ♀
STREET ADDRESS   1199 DREXEL   1.3 STREET ADDRESS   W. PALM BEACH FL   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP	_ , _
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NAME CLARKE, RUTH D. 22 NAME	
STREET ADDRESS 1199 DREXEL 2.3 STREET ADDRESS	
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NAME 3.2 NAME	
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NAME 4,2 NAME	
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NAME 5.2 NAME	
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TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 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.	

Country

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SIGNATURE: ROLO CONTRED CLARKE 1-20-98 (56) 832-410=