

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

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**Apr 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 551624 (0)**

1. Corporation Name  
**MARATHON GREENS, INC.**



Principal Place of Business  
**1150 27 ST  
MARATHON FL 33060**

Mailing Address  
**1150 27 ST  
MARATHON FL 33060-4212**

3. Date Incorporated or Qualified **11/21/1977** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **7278 So. Devon Drive** 26 **7278 So. Devon Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-1870530** Applied For  
Not Applicable

22 **#207** 27 **#207**  
City & State City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **TAMARAC, FL** 28 **TAMARAC, FL**  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33321** 25 **BROWARD** 29 **33321** 30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORN, RONALD  
1150 27TH ST. OCEAN  
MARATHON FL 33050**

B1 Name **RONALD HORN (SAME)**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**7278 So. Devon Drive**  
B3 **#207**  
B4 City **TAMARAC** B5 Zip Code **FL 33321**

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                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HORN, RONALD L.</b>             | 1.2 NAME  | <b>HORN, RONALD L.</b>  |
| STREET ADDRESS             | <b>1150 27TH ST. OCEAN</b>         | 1.3 STREET ADDRESS                                    | <b>7278 So. Devon Drive - #207</b>  |
| CITY - ST - ZIP            | <b>MARATHON FL</b>                 | 1.4 CITY - ST - ZIP                                   | <b>TAMARAC FL. 33321</b>  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 2.1 TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HORN, DOROTHY</b>               | 2.2 NAME  | <b>HORN, DOROTHY</b>  |
| STREET ADDRESS             | <b>1150 27TH ST. OCEAN</b>         | 2.3 STREET ADDRESS                                    | <b>7278 So. Devon Drive - #207</b>  |
| CITY - ST - ZIP            | <b>MARATHON FL</b>                 | 2.4 CITY - ST - ZIP                                   | <b>TAMARAC FL. 33321</b>  |
| TITLE                      | VD <input type="checkbox"/> DELETE | 3.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HORN, RONALD L.</b>             | 3.2 NAME  | <b>HORN, RONALD L.</b>  |
| STREET ADDRESS             | <b>1150 27 ST</b>                  | 3.3 STREET ADDRESS                                    | <b>7278 So. Devon Drive - #207</b>  |
| CITY - ST - ZIP            | <b>MARATHON FL</b>                 | 3.4 CITY - ST - ZIP                                   | <b>TAMARAC FL. 33321</b>  |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 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)(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.

SIGNATURE: **Dorothy Horn** **DOROTHY HORN** 3/25/97 954-721-2742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinctive File #

CR2E034 (9/96)