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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 551624

MARATHON GREENS, INC.

Principal Place of Business		Mailing Address	Mailing Address		T 1981 DI DIENE DIEDE EREN DES DE EREN BERN BERN BERN BERN BERN BERN BER	#
7278 S. DEVON DRIVE		7278 SO. DEVON DRIVE			•	•
207		207				
TAMARAC FL 33321		TAMARAC FL 33322			DO NOT WRITE IN THIS SPACE	
US		US			3. Date incorporated or Qualifed	
					11/21/1977	I A But For
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1870530	Not Applicable 8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired .	Fee Required
22		[27]				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees
23		Zip Country				
Zip	Country	Zip		ry	This corporation owes the current year Intangil Personal Property Tax.	Yes □No
24	25 Curren	29	30		10. Name and Address of New Registered Age	
	9. Name and Address of Currer	nt Registered Agent	5	1 Name	TO. Italia did Addides of their registeres ings	
HOR	n, ronald		`	TVEITIE .		
7278 S DEVON DRIVE		8	2 Street A	treet Address (P.O. Box Number is Not Acceptable)		
SUITE 207				3		
	ARAC FL 33321			13		
1740	7.000		1	4 City	FL ⁸	5 Zip Code
			<u></u>			aging its registered
office or r	enistered agent, or both, in the State	of Florida, Such change was a	authorized t	ov the corbor	corporation submits this statement for the purpose of characteristics. I hereby accept the appointment	nt as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statut	es.	,	
SIGNATURE					quired when reinstating) DATE	
	Signature, typed or printed name of registered age			gent signature red	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 12
12.		ND DIRECTORS	13.			Change Addition
TITLE	PD	☐ DELETE		1	_	
NAME	HORN, RONALD L.		1.2 NAM			
STREET ADDRESS	7278 S. DEVON DR. #207			EET ADDRESS		
CITY-ST-ZIP	TAMARACC FL			-ST-ZIP		Change
TITLE	SD	☐ DELETE	2.1 TITLE			- Charge [
NAME	HORN, DOROTHY		2.2 NAV	1	e de la composition della comp	-
STREET ADDRESS	7278 S. DEVON DR. #207		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	TAMARAC FL			/-ST-ZIP		Change Addition
TITLE	VD	☐ DELETE	3.1 TITL	E	Li	Change
NAME	HORN, RONALD L		3.2 NAM	E		•
STREET ADDRESS	7278 S. DEVON DR., #207		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4. CIT	r-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		Change
NAME			4. 2 NA	AE	•	
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		Ob = = = 1.000
TITLE		☐ DELETE	5.1 TITL	1		Change
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	EET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
T.T. F						
(TITLE		☐ DELETE	6.1 TITL			Change
NAME		☐ DELETE	6.1 TITL 6.2 NAM	E		Change

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 amaderess, with all otherwise empowered.

6.4 CITY-ST-ZIP

SIGNATURE: