

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **648433**

(1)

1. Corporation Name

MARATHON MOVIE THEATER, INC.

Principal Place of Business

**6303 OVERSEAS HWY
MARATHON FL 33050
US**

Mailing Address

**82905 OVERSEAS HIGHWAY
P.O. BOX 324
ISLAMORADA FL 33036**



3. Date Incorporated or Qualified
12/14/1979

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-2004483

Applied For
Not Applicable

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 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

**WOOD, RICHARD A
82905 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

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 of person authorized to change the registered office or registered agent

Signature of Registered Agent (signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	PD	☐ DELETE
11.2 NAME	WOOD, RICHARD A	
11.3 STREET ADDRESS	6303 OVERSEAS HWY	
11.4 CITY-STATE-ZIP	MARATHON FL	
11.5 TITLE	TD	☐ DELETE
11.6 NAME	WOOD, WILLIAM B	
11.7 STREET ADDRESS	2723 HOLLY SPRINGS RD	
11.8 CITY-STATE-ZIP	GERMANTOWN TN	
11.9 TITLE		☐ DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		☐ DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		
11.17 TITLE		☐ DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		

12.1 TITLE	☐ Change ☐ Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	
12.5 TITLE	☐ Change ☐ Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	
12.9 TITLE	☐ Change ☐ Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 TITLE	☐ Change ☐ Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	
12.17 TITLE	☐ Change ☐ Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 17 or Book 13 if changed, or on an attached filing an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96
Date

305-664-8823
Daytime Phone #

CR2E034 (12/95)