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

PROFIT CORPORATION ANNUAL REPORT

MARATHON '80 UNLIMITED, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State **DIVISION OF CORPORATIONS**

1999

1. Corporation Name

Principal Place of Business 9906 KILGORE ROAD

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ORLANDO FL 32836

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23

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Zip

DOCUMENT # 687979

Mailing Address

9906 KILGORE ROAD

F	TLED
Apr 19.	1999 8:00 am
	ary of State
	9 90026 002 ***150 00



ORLANDO FL 32836 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/09/1980 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 59-2042839 26 Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country Zip Country 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent

HENRIQUEZ. DEBRA F 9906 KILGORE ROAD ORLANDO FL 32836

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Γ	10. Name and Address of New Registered Agent
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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	HENRIQUEZ, IVOR		1.2 NAME			
STREET ADDRESS	9906 KILGORE ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETÉ	2.1 TITLE		Change	☐ Addition
NAME	Henriquez, Debra		2.2 NAME			
STREET ADDRESS	9906 KILGORE ROAD		2.3 STREET ADDRESS		÷	•
CITY-ST-ZIP	ORLANDO, FL 00000		2. 4 CITY+ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	Henriquez, Debra		3 2 NAME			
STREET ADDRESS	9906 KILGORE ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			*
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE .		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME	· ·		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			EACITY ST. 7IP			

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: