

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736696 (6)**

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



Principal Place of Business 705-33RD STREET, GULF P.O. BOX 500662 MARATHON FL 33050-7662	Mailing Address P.O. BOX 500662 MARATHON FL 33050-0662 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/26/1976</b>	3a. Date of Last Report <b>07/25/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2751200</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GREENMAN, FRANKLIN D.**  
**5800 OVERSEAS HWY SUITE 40**  
**MARATHON FL 33050**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, LUIS	
STREET ADDRESS	261 66ST B OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PADOVER, MARK	
STREET ADDRESS	281 66TH ST., APT. A	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOHLEIN, CINDY	
STREET ADDRESS	1096 82ND ST. OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILLER, SANDRA	
STREET ADDRESS	414 122ND ST. OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREDERICK, ZORAIDA	
STREET ADDRESS	475 W. 105TH ST. OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DREIBELBIS, EILEEN	
STREET ADDRESS	1026 51ST ST., APT. 2	
CITY-ST-ZIP	MARATHON FL 33050	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)