Applied For

Zip Code

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738726

1. Corporation Name

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MARATHON DOLPHIN SCRAMBLE, INC.

rincipal Place of Business	Mailing Address			
9709 OVERSEAS HWY MARATHON FL 33050 US	P.O. BOX 501051 MARATHON FL 33050 US			
Principal Place of Business	2a. Mailing Address			
¬ ·	<u> </u>			
¬ ·	26 Suite, Apt. #, etc.			
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9. Name and Address of Current Registered Agent

Country

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Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required Country \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 10. Name and Address of New Registered Agent 81 Name

3. Date Incorporated or Qualifed 04/19/1977

4. FEI Number

04-9147968

FILED

Secretary of State

02-23-1999 90034 025 ****61.25

THACKER, JOHN Street Address (P.O. Box Number is Not Acceptable) 10961 5TH AVE GULF 83 MARATHON FL 33050 84 City

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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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	KNOWLTON, BETTY J.		1.2 NAME						
STREET ADDRESS	416-96TH STREET OCEAN		1.3 STREET ADDRESS				. •		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP						
TITLE	VP	☐ DELETE	2.1 TITLE		•		Change	☐ Addition	
NAME	BROTHERS, KITTY		2.2 NAME	١.					
STREET ADDRESS	668 89TH ST OCEAN		2.3 STREET ADDRESS	,				. [
CITY-ST-ZIP	MARATHON FL 33050		2.4 CITY-ST-ZIP						
TITLE	TD	DELETE	3.1 TITLE			•	Change	☐ Addition	
NAME	DUCK, BARBARA		3.2 NAME						
STREET ADDRESS	425 65TH STREET OCEAN		3.3 STREET ADDRESS				1 .	·	
CITY-ST-ZIP	MARATHON FL 33050		3.4. CITY-ST-ZIP	_			···	· ·	
TITLE	SD	☐ DELETE	4.1 TITLE	STO			Change	☐ Addition	
NAME	PANKOW, DENISE		4. 2 NAME			· .			
STREET ADDRESS	500 79TH ST OCEAN		4.3 STREET ADDRESS						
CITY-ST-ZIP	MARATHON FL 33050		4.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME	PANKOW, CHRIS		5.2 NAME						
STREET ADDRESS	500 79TH ST OCEAN		5.3 STREET ADDRESS			-			
CITY-ST-ZIP	MARATHON FL 33050		5.4 C/TY- ST-ZIP	_			• •	<u> </u>	
TITLE	D	☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME	THACKER, JOHN		6.2 NAME			•	-	İ	
STREET ADDRESS	10961 5TH AVE GULF		6.3 STREET ADDRESS						
CITY-ST-ZIP	MARATHON FL 33050		6.4 CITY-ST-ZIP			•			

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 supplied with this limit does not quality for the excellent and 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 afripowered 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, with all other like empowered.

SIGNATURE: