


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751082 (9)
1. Corporation Name
MARATHON POWER SQUADRON, INC.



Principal Place of Business P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050	Mailing Address P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050
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3. Date Incorporated or Qualified 02/18/1980	4. FEI Number 59-6152243	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050	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
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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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADICK, KATHARINE S	1.2 NAME	
STREET ADDRESS	12575 OVERSEAS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, WILLIAM H. JR	2.2 NAME	
STREET ADDRESS	7760 AVIATION BLD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULECKI, ALICE	3.2 NAME	ABSTEN Gregory
STREET ADDRESS	210 BRUCE COURT	3.3 STREET ADDRESS	943 30th St.
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	Marathon, FL
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HAROLD W.	4.2 NAME	
STREET ADDRESS	1500 52 ST GULF	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOTO, ROY	5.2 NAME	AUCREMANNE Joseph
STREET ADDRESS	277 W SEAVIEW DR	5.3 STREET ADDRESS	516 Sombreno Beach, Rd.
CITY-ST-ZIP	DUCK KEY FL	5.4 CITY-ST-ZIP	Marathon, FL
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, EDITH F	6.2 NAME	
STREET ADDRESS	7760 AVIATION BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katharine S. Gradick* **Katharine S. Gradick 3/9/98 (305) 289-0870**

CR2E037 (10/97)