

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F14134

(3)

1. Corporation Name:

MARATHON AIR SERVICES, INC.

Principal Place of Business

9850 OVERSEAS HWY.  
MARATHON FL 33050  
US

Mailing Address

9850 OVERSEAS HWY.  
MARATHON FL 33050-3310  
US

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/09/1981</b>   | 3a. Date of Last Report<br><b>01/26/1996</b>                                       |
| 4. FEI Number<br><b>59-2051162</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

EDWARDS, PHILLIP  
THE FLIGHT DEPARTMENT  
MARATHON AIRPORT  
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

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | PD                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EDWARDS, PHILIP E.       | 1.2 NAME  |   |
| STREET ADDRESS             | 711 OCEAN DR             | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | KEY COLONY BCH, FL 00000 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORRIS, ROBERT W         | 2.2 NAME  |   |
| STREET ADDRESS             | 3815 FT. CHARLES DR.     | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | NAPLES FL                | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EDWARDS, DORIS           | 3.2 NAME  |   |
| STREET ADDRESS             | 711 OCEAN DR.            | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | KEY COLONY BCH. FL       | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME  |   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Philip E. Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

305-743-4222

Daytime Phone #

CR2E034 (9/96)