

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H06931 (0)**

1. Corporation Name
MARATHON PAINTERS, INC.



Principal Place of Business: **% PIERRE BITZANAKIS**
365 DeSoto Pkwy
Satellite Beach, FL 32937

Mailing Address: **% PIERRE BITZANAKIS**
365 DeSoto Pkwy
Satellite Beach, FL 32937

3. Date Incorporated or Qualified: **06/07/1984**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 365 DESOTO PKWY	26 365 DESOTO PKWY	59-2418637	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 SA	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 SATELLITE BEACH, FL	28 SATELLITE BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32937	25 BREVARD	29 32937	30 BREVARD
24 32937		25 BREVARD	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BITZANAKIS, PIERRE		81 Name	
407 - 779 - 3777		82 Street Address (P.O. Box Number is Not Acceptable)	
365 DeSoto Pkwy		83	
Satellite Beach, FL 32937		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: _____ DATE: _____
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZANAKIS, PIERRE	1 2 NAME	
STREET ADDRESS	365 DeSoto Pkwy	1 3 STREET ADDRESS	
CITY-ST-ZIP	Satellite Beach, FL 32937	1 4 CITY-ST-ZIP	
TITLE	SI	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITZANKIS, POT	2 2 NAME	
STREET ADDRESS	365 DeSoto Pkwy	2 3 STREET ADDRESS	
CITY-ST-ZIP	Satellite Beach, FL 32937	2 4 CITY-ST-ZIP	
TITLE	VM	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITZANAKIS, DIMITRIOS	3 2 NAME	
STREET ADDRESS	365 DeSoto Pkwy	3 3 STREET ADDRESS	
CITY-ST-ZIP	Satellite Beach, FL 32937	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	

200001809412
-05/06/96--01066--036 Change Addition
*****200.00**

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **PIERRE BITZANAKIS**
P. Bitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-96 (Date) **(407) 779-3777** (Office Phone)

CR2E034 (12/95)