PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



J85438

FLORIDA DEPARTMENT OF STATE

Katherine Harris

 Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90109 007 ***150.00



MARATH	ON MANOR, INC.				
Principal Place	e of Business	Mailing Address			AISIL BEELL EIGH GESTE DIGH FEST
320 SOMBRERO	DEFACH RD	3300 P.G.A. BLVD			
MARATHON FL 33050 SUITE 330				DO NOT WRITE IN THIS SPACE	
US PALM BEACH GARDENS FL 3			33410	3. Date Incorporated or Qualifed	7
		US		08/03/1987	
2 Principal D	loce of Purineer	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 21. 3 3 (X) PGA PVVV , 26				59-2837318	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	\$8.75 Additional
7 SUI = 330 7				5. Certificate of Status Desired	Fee Required
City & Stat	e í	City & State		6. Election Campaign Financing	\$5.00 May Be
23 C m	Bours Guztons	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	3341025 U.SA	29	10	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
		•	81 Name	bJ. Becht	
BECHT, ROBERT			82 -Street Add	Iress (P.O. Box Number is Not Acceptable)	
	OVEBSEAS HWY		33CX) PGA 13LV 12 # 33	30
MAB	ATHON FL 33050		83	,	
	•		84 City 12 (85 Zip Code
			1 131	im beach Gardens F	L 3341D
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	N FIORGA SUCH CHANGE WAS AUI	norizea ov tne corbuiau	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. i a	m tamiliar with, and accept the obligat	ions of, Section 607,0000, Florid	da Glatutes.		,
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating) . DATE	
12.	. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST	☐ DELETE	1.1 TITLE	hairman	☐ Change
NAME	BECHT, ROB J		1.2 NAME	Elbeam Preunt	•
STREET ADDRESS	3300 P.G.A. BLVD, SUITE 330		1.3 STREET ADDRESS2	300 FBA BIVE #3	30
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	410	1.4 CITY-ST-ZIP	alm Brach Gardons FE	33410
TITLE		☐ DELETE	2.1 TITLE	ortalier	☐ Change
NAME			0.0314318	heresa B Cleveland	•
STREET ADDRESS	j		2.3 STREET ADDRESS		, A
CITY-ST-ZIP			2.4 CITY-ST-ZIP	alm Beach Garden	54233410
TITLE		☐ DELETE	3.1 TITLE		` ☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition (
NAME	·		4.2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	,		6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		,
	1		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: