

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # N93000001597 (4)

1. Corporation Name

MARATHON IN ACTION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 522542  
MARATHON SHORES FL 33052

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MARATHON SHORES FL 33052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

08/08/1996

4. FEI Number

65-0410106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FRANKLIN D. GREENMAN PROFESSIONAL ASSOCIAT  
5800 OVERSEAS HWY  
SUITE 40  
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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
BROTHERS, KITTY  
STREET ADDRESS 668 89TH STREET OCEAN  
CITY-ST-ZIP MARATHON FL

TITLE ☐ DELETE

NAME VD  
NARDONE, PAULA  
STREET ADDRESS 320 5TH STREET  
CITY-ST-ZIP KEY COLONY BEACH FL

TITLE ☐ DELETE

NAME T  
THACKER, JUNE  
STREET ADDRESS 11285 3RD AVENUE GULF  
CITY-ST-ZIP MARATHON FL

TITLE ☐ DELETE

NAME ~~G~~  
~~GOODWIN, LYNN~~  
STREET ADDRESS ~~100 10TH STREET~~  
CITY-ST-ZIP ~~KEY COLONY BEACH FL~~

TITLE ☐ DELETE

NAME S  
SAUCE PERSAUD  
STREET ADDRESS 1902 YELLOWTAIL DR.  
CITY-ST-ZIP MARATHON, FL. 33050

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE (PAULA NARDONE THACKER) 8/10/97 305-743-3407

CR2E037 (4/97)