

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90171 015 \*\*\*\*61.25

339681 - 90121 - 7

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N93000001597</b> 1. Corporation Name <b>MARATHON IN ACTION, INC.</b>			
Principal Place of Business P.O. BOX 522542 MARATHON SHORES FL 33052		Mailing Address P.O. BOX 522542 MARATHON SHORES FL 33052	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	26	04/05/1993			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	27	65-0410106		Applied For	
City & State		City & State		Not Applicable	
23	28	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip		Country	
24	25	29	30	6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

B. Name and Address of Current Registered Agent <b>FRANKLIN D. GREENMAN PROFESSIONAL ASSOCIAT</b> <b>5800 OVERSEAS HWY</b> <b>SUITE 40</b> <b>MARATHON FL 33050</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDONE, PAULA	1.2 NAME	
STREET ADDRESS	320 5TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NARDONE, PAULA	2.2 NAME	VPROVD
STREET ADDRESS	320 5TH STREET	2.3 STREET ADDRESS	GRAHAM HILL
CITY-ST-ZIP	KEY COLONY BEACH FL	2.4 CITY-ST-ZIP	1902 Yellowtail Dr
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, MARIANNE	3.2 NAME	
STREET ADDRESS	956 B WEST 105TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, JANICE	4.2 NAME	
STREET ADDRESS	1902 YELLOWTAIL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ISABELLA	5.2 NAME	sec (CO)
STREET ADDRESS	389 ANGLERS DR NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: MARIANNE REES 3/12/99 305-743-5585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #  
 TREASURER

CR2E037 (11/98)