


FILE NOW: FILING FEE IS \$61.25

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Jun 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002414					
1. Corporation Name MARATHON IN-LINE HOCKEY ASSOCIATION INC.					
Principal Place of Business 2347 SOMBRERO BLVD MARATHON FL 33050			Mailing Address 2347 SOMBRERO BLVD MARATHON FL 33050 1154 Boulevard de Palmas Marathon FL 33050		



2. Principal Place of Business 21 1154 Boulevard de Palmas		2a. Mailing Address 26 1154 Boulevard de Palmas		3. Date Incorporated or Qualified 04/29/1996	
Suite, Apt. #, etc. 22 Marathon		Suite, Apt. #, etc. 27 Marathon FL		4. FEI Number 65-0664203	
City & State 23 Marathon FL		City & State 28 33050 Monroe		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33050		Country 25 Monroe		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WRIGHT, THOMAS D 10095 OVERSEAS HWY., #10 MARATHON FL 33050				10. Name and Address of New Registered Agent 81 Name Thomas D. Wright 82 Street Address (P.O. Box Number is Not Acceptable) 9711 Overseas Hwy 83 84 City Marathon FL 85 Zip Code 33050			
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Address change only

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 Thomas D. Wright DATE 6/7/99
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	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President, VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEILSEN, DONNAJEAN			1.2 NAME	Ray Morton		
STREET ADDRESS	2347 SOMBRERO BLVD			1.3 STREET ADDRESS	516 Avenida Primiceria		
CITY-ST-ZIP	MARATHON FL 33050			1.4 CITY-ST-ZIP	Marathon FL 33050		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTON, RAY			2.2 NAME			
STREET ADDRESS	516 AVENIDA PRIMICERIA			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	also Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VELGER, TERI JO			3.2 NAME			
STREET ADDRESS	1154 BOULEVARD DEPALMAS			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPPEDGE, TOM			4.2 NAME			
STREET ADDRESS	975 69TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLIER, DAN DON			5.2 NAME	Don Collier (Don not Dan)		
STREET ADDRESS	368 100TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, GUY			6.2 NAME			
STREET ADDRESS	1172 91ST STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			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: Don Collier **SIGNATURE REQUIRED** 6/7/99 305 743-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)