SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006553 (8)

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MARATH	ION FBO, INC.					I LABORARI BIN LAKIL ERAK BALIK DAK			
Principal Plac	ce of Business	Mailing Address		-····					
FLIGHT DEPARTMENT - MARATHON AIRPORT FLIGHT DEPARTMENT - M 9850 OVERSEAS HIGHWAY 9850 OVERSEAS HIGHWA MARATHON FL 33050 MARATHON FL 33050			N AIRP	ORT	3. Date Incorporated or Qualified 11/18/1997				
						4. FEI Number	<del></del>		Applied For
								r	Not Applicat
2. Principal I	Place of Business	2a. Mailing Address	·			5. Certificate of Status Desired		•	75 Additional se Required
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing			00 May Be
2		27				Trust Fund Contribution			ded to Fees
City & Ste	ile	City & State				7. Is this nonprofit corporation a f			ciation?
Zip	Country		Cou	intry	<del></del>	8. This corporation owes or has p		No	or Intensible
4]_	25	29	30	,		Personal Property Tax due Jur		Yes	No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R		Agent	
				81 t	Name		<del></del>		<del></del>
	k, jāmes t			82 5	Street Addr	ess (P.O. Box Number Is Not Accepta	ble)		
	IING STREET						<u> </u>		
KEY WES	T P <b>Ų3</b> 3040			83					
	3			84 (	City		FL	85	Zip Code
						ation submits this statement for the pur in a board of directors. I hereby accept	oose of cha the appoint	nging it ment a	s registered s registered
SIGNATURE	Signature, typed or printed name of registered ag-					ired when reinstating)	pose of cha the appoint		
SIGNATURE 12.	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Register	red Agent			pose of cha the appoint	D DIRI	
SIGNATURE 12. IITLE	Signature, typed or printed name of registered age OFFICERS A D ROCHE, BENJAMIN C.P.A.	ent and title if applicable.	(NOTE: Register	red Agent		ired when reinstating)	pose of cha the appoint	D DIRI	CTORS IN 12
SIGNATURE  12.  TITLE  VAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A D ROCHE, BENJAMIN C.P.A. 5701 OVERSEAS HIGHWAY	ent and title if applicable.	(NOTE: Register 13. 1.1 TII 1.2 NA 1.3 ST	TLE AME	t signature requi	ired when reinstating)	pose of cha the appoint	D DIRI	CTORS IN 12
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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 sociated 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 of rustee 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

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-98

Davtime Phone t