FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000081175 (0) DOCUMENT

MARATHON SEA PRODUCTS, INC.

Mailing Address Principal Place of Business 855 E PINE ST BSS E PINE ST TARPON SPRINGS FL 34680-9 TARPON SPRINGS FL 34680-9 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified /18/1993 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 3117 Harvest Moon Drive 59-3221985 21 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired

Fee Required 22 Palm Harbor, \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Country Zip □ No 30 Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name CANTONIS, MICHAEL G. 855 E. PINE STREET Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 63

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agunt and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 T(T) E TITLE CANTONIS, MICHAEL G 1.2 NAME NAME 855 E PINE ST 1.3 STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with address

21 1000

FILED

Mar 30 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Zip Code

Not Applicable