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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027083 (1)

MARATHON SEARCH AND PLACEMENT, INC.

MELBOURNE FL 32940

| | incipal Plac | oddress YA CT | | | | | | | | |
|---|--------------------------------|--|-----------------------------|-------------------------|-----------------|-----------|---------------------|--|---------------|---------------------------------|
| | BOURNE FI | | | MELBOURNE FL 32940-1833 | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 04/03/1995 | 3a. Date o | of Last Report 1996 |
| 2. Principal Place of Business | | | — — · | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| Suite Apt. # etc. | | | 26 | Suite, Ant. #, etc. | | | | 59-3309837 Not Applicable | | |
| 22 | | 27 | | | 66. | | | 5, Certificate of Status Desired | <u> </u> | 8.75 Additional Fee Required |
| 23 | City & Stat | y & State City & State | | | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| | Zip | Country | Zip | | Count | | * | 8. This corporation has liability for i | ntangible tax | under s. 199.032, |
| 24 | | 25 29 30 | | | 30 | | | Florida Statutes Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | | | · | 10. Name and Address of New Re | gistered Age | nt |
| KNIEPMANN, KENNETH J 424 VIZCAYA CT | | | | | | 81 | Name | | | |
| | | | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| MELBOURNE FL 32940 | | | | | - | 83 | | | | |
| | | | | | | | | | | |
| | | | | | i | 84 | City | | FL 8 | |
| 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 familiation, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| agent. I am familia with, and accept the obligations of, Section 697-0505, Florida Statutes. | | | | | | | | | | |
| SI | GNATURE | Signature, trued or printed name of registered (| agent and life if applicate | le (NO) | Registered | Auer | nt signature requir | ed when reinstaing) | DATE | |
| 12 | | OFFICERS A | ND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DI | RECTORS IN 12 |
| Tet | | | DELETE | 1.1 THLE | | | Change Addition | | | |
| NAME KNIEPMANN, SHARON A | | | | | 1.2 NAME | | | | | |
| | | | 1.3 STA | EET. | ADDRESS | | | | | |
| CIT | CITY-ST-ZIP MELBOURNE FL 32940 | | | 1.4 CiT | 1.4 CITY-ST-ZIP | | | | | |
| TIT | TITLE D DELETE | | | ☐ DELETE | 2.1 TITU | 2.1 TITLE | | | | Change |
| NA | ME | KNIEPMANN, KENNETH J | | | 2.2 NA | ME | | | | |
| 676 | REEY ADDRESS | 424 VIZCAYA CT | | | 22010 | ELT. | ADDRESS | | | |

CiTY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.4. 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 logal 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 an address.

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3.3 STREFT ADDRESS 3.4. CITY-ST-ZIP

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Jun 16 1997 8:00am

Secretary of State