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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000027083 (1)

MARATHON SEARCH AND PLACEMENT. INC.

Principal Place of Business

FILED Jan 22 1998 8:00am Secretary of State



Mailing Address 424 VIZCAYA CT 424 VIZCAYA CT MELBOURNE FL 32940 MELBOURNE FL 32940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1995 2a. Mailing Address 2. Principal Place of Business Applied For 21 59-3309837 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due June 30. Yes 29 Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name KNIEPMANN, KENNETH J **424 VIZCAYA CT** 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32940 83 84 City 85 Zip Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. repmann ne of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME KNIEPMANN, SHARON A 1.2 NAME **CR2E034 424 VIZCAYA CT** 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☑ Addition KNIEPMANN, KENNETH J NAME 2.2 NAME STREET ADDRESS **424 VIZCAYA CT** 2.3 STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE Hark Kniepmann NAME 3.2 NAME 1200 Palm Garden STREET ADDRESS 3.3 STREET ADDRESS 32940 1elbourne FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7IP 14. Thereby 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 the analysis address.