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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000084208**1. Corporation Name

MARATHON HOTEL, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90069 041 ***150.00

	ON HOTEL, INC.											
Principal Place	e of Business	Mailing Address				ļ						
4305 N.W. 24TH BOCA RATON I		4305 N.W. 24TH WAY BOCA RATON FL 33431										
						<u> </u>		DO NOT WRI	TE IN THIS	SSPACE		
					_	3.	Date Incorporate 11/01/1995	d or Qualifed				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI:Number - Applied For					
21		26	26				65-0621700 Not Applie					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of Stat	us Desired	sed \$8.75 Additional Fee Required			
City & State		City & State				6.	Election Campaig	gn Financing		\$5.0	0 May B	e
23		28					Trust Fund Conti	ribution		Adde	d to Fees	i
Zip	Country	Zip	Cou	intry		8.	This corporation	owes the cur	ent year Ir			
24	25	29	30				Personal Propert			Yes	□No	
	9. Name and Address of Curren	t Registered Agent		L Ţ		10.	Name and Addr	ress of New	Registered	Agent		
				81	Name							
	ER CORPORATE AGENTS, INC.			82	Street A	Address (P	P.O. Box Number i	s Not Accept	able)	<u></u>		
	SOUTH BAYSHORE DRIVE				0							
	1 FLOOR			83					`			
MAIM	VII FL 33133			84	City		· · · · · · · · · · · · · · · · · · ·			85 Z	ip Code	
				اسا	City				FI	_ "	.p =	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa	s autnorizet	ו עם ני	ine corbo	corporation oration's bo	n submits this stat pard of directors. I	lement for the hereby acce	pt the appo	oiniment as	registere	ered d
office or n agent. I a SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change wa tions of, Section 607.0505, at and title if applicable. (No	s authorized Florida Stat	utes.	tne corpo	equired when n	reinstating)	·	DATE			·
office or nagent. I a SIGNATURE 12.	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	of Florida, Such change wations of, Section 607.0505, it and title if applicable. (N: D DIRECTORS	S authorized Florida Stat OTE: Registered	utes.	tne corpo	equired when n	oard of directors.	·	DATE	ND DIREC	TORS IN	·
office or ragent. I a SIGNATURE 12. TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN	of Florida, Such change wa tions of, Section 607.0505, at and title if applicable. (No	S authorized Florida Stat OTE: Registered 13.	Agent	tne corpo	equired when n	reinstating)	·	DATE		TORS IN	12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS	of Florida, Such change wations of, Section 607.0505, it and title if applicable. (N: D DIRECTORS	S authorized Florida Stat DTE: Registered 13. 1.1 TI 1.2 N	I Agent	signature re	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida, Such change wations of, Section 607.0505, it and title if applicable. (N: D DIRECTORS	TE: Registered 13. 1.1 TI 1.2 N	I Agent TLE AME	signature re	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS	of Florida. Such change wations of, Section 607.0505, at and title if applicable. D DIRECTORS DELETE	S authorized Florida Stat DTE: Registered 13. 1.1 TI 1.2 N 1.3 S	I Agent TLE AME TREET	signature re	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida, Such change wations of, Section 607.0505, it and title if applicable. (N: D DIRECTORS	13, 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	I Agent TLE AME TREET	signature re	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, at and title if applicable. D DIRECTORS DELETE	13. 1.1 TT 1.2 N 1.3 S 1.4 Cl 2.1 TI 2.2 N	TLE AME TTY-ST TILE AME	signature re ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, at and title if applicable. D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 TI 2.2 N 2.3 S	TLE TREET TLE TREET TLE TREET TLE TREET	ADDRESS -ZIP ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, at and title if applicable. D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 TI 2.2 N 2.3 S	I Agent ILE AME ITY-ST ITLE AME TREET CITY-ST	ADDRESS -ZIP ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC	TORS IN	12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (N: D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 CI	A Agent TILE AAME TITLE TITLE AAME TITLE AAME TITLE	ADDRESS -ZIP ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang	TORS IN	12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (N: D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	I Agent ITLE AME ITTEST ITLE AME ITREST ITLE AME ITREST ITLE AME ITREST ITLE	ADDRESS -ZIP ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (N: D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	I Agent ITLE AME ITTEST ITLE AME ITREST ITLE AME ITREST ITLE AME ITREST ITLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (N: D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TILE AME TITLE TITLE AME TITLE TITLE AME TITLE TITLE AME TITLE TIT	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (NI D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	TILE AME TREET TITE AME TREET TITE AME TREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (NI D DIRECTORS DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No	I Agent IILE AME ITREET ITTLE AME TREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	equired when n	reinstating)	·	DATE	ND DIREC Chang	TORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, it and title if applicable. (NID DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S	I Agent IILE AME ITREET ITTLE AME TREET	ADDRESS - ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS - ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN pe	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, int and title if applicable. (NI D DIRECTORS DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S 4.4 CC 5.1 TI	TILE THE TITLE	ADDRESS - ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS - ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang	TORS IN pe	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, it and title if applicable. (NID DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S 4.4 CC 5.1 TI 5.2 No 5.1 TI 5.2 No 5.1 TI 5.2 No 5.1 TI 5.2 No 5.2 TI 5.2 No 5.3 TI 5. TI	TUE AME TITE AME TITE TITE AME TITE AME	ADDRESS - ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN pe	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, it and title if applicable. (NID DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S 4.4 CC 5.1 TI 5.2 No 5.3 S'	I Agent I Agent II AME I REET I ITLE AME I TREET I ITLE AME I TREET I	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN pe	12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	Of Florida. Such change wattions of, Section 607.0505, int and title if applicable. (NI D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S 4.4 CC 5.1 TI 5.2 No 5.3 S 5.4 CC	I Agent ILE AME IREET ITLE AME IREET ITLE AME IREET ITLE AME IREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN Je	12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	of Florida. Such change wations of, Section 607.0505, it and title if applicable. (NID DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CC 3.1 TI 3.2 No 3.3 S 3.4 CC 4.1 TI 4.2 No 4.3 S 4.4 CC 5.1 TI 5.2 No 5.3 S 5.4 CC 6.1 TI	I Agent ILE AME TREET TITE AME TREET TITE TREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN Je	12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D ECONOMOS, NICHOLAS 4305 N.W. 24TH WAY	Of Florida. Such change wattions of, Section 607.0505, int and title if applicable. (NI D DIRECTORS DELETE DELETE DELETE	Sauthorizet Florida Stat 13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S' 5.4 C	I Agent I Agent II E AME ITREET ITLE AME ITREET ITLE AME ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired when n	reinstating)	·	DATE	ND DIREC Chang Chang	TORS IN Je	12 Addition

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 appliemental 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 empended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/99

Daytime Phone #

(25034 (11/98)