


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

FILED  
Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # P96000103480 (5) 1. Corporation Name MARATHON MOLD INC.											
Principal Place of Business 3518 NORTHSHORE DRIVE WEST PALM BEACH FL 33407			Mailing Address 3518 NORTHSHORE DRIVE WEST PALM BEACH FL 33407								
2. Principal Place of Business 21 1922 7th AVE NORTH Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FL. Zip 24 33461 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/20/1996 3a. Date of Last Report 12/20/1996 4. FEI Number 05 0720857 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent ROHAN, LAURENCE J 8101 SW 76 STREET SOUTH MIAMI FL 33143			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
12. OFFICERS AND DIRECTORS 12.1 TITLE DP 12.2 NAME DEMMING, TIMOTHY J 12.3 STREET ADDRESS 3518 NORTHSHORE DRIVE 12.4 CITY-ST-ZIP WEST PALM BEACH FL 33407 12.5 TITLE DVT 12.6 NAME BALL, DAVID M 12.7 STREET ADDRESS 3001 EAGLE DRIVE 12.8 CITY-ST-ZIP DELRAY BEACH FL 33444 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP					
14. 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 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 an address.											
SIGNATURE: Timothy J. Demming TIMOTHY J. DEMMING 2/15/97 (561) 547-9990 SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012345											

CR2E034 (9/96)