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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90176 039 ***150.00

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1. Corporation Name

MARATHON ONLINE, INC.

Principal Place of Business

(100(100; 110 (Ditt (001) B#st)	68(1) 6818) [1811 8811	ABIBI SILIA MAIA MAI MAN

Principal Place of Busin	ness ·	Mailing .	Address		(1981) of the test test and early death test and early early
5996 OVERSEAS HIGHWAY MARATHON FL 33050 5996 OVERSEAS HIGHWAY MARATHON FL 33050			DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed 01/01/1998
2. Principal Place of B	usiness	2a. Mail 26	ng Address		4. FEI Number 798308 Applied For Not Applicable
Suite, Apt. #, etc.		Suite 27	, Apt. #, etc.		5. Certifcate of Status Desired ☐ \$8.75 Additional Fee Required
City & State		City	& State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Zip	Country 25	Zip	70 Cou	intry	try 8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	me and Address of Curren	t Registered	Agent		10. Name and Address of New Registered Agent
AMERILAWY	FR	- ,-		81	Name
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GAB	ILES FL 33134			83	33
			•	84	84 City FL 85 Zip Code
				1 1	

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.

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SIGNATURE	Signature, typed or printed name of registered agent and t	itte if applicable (NOTE: F	Registered Agent signature require	nd when (einstating) DATE	
12.	OFFICERS AND DI		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE	PDS	☐ DELETE	1.1 TITLE	Change	☐ Addition
NAME	EMMELL, CHRIS L		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS	•	
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	SODOSKI, CHRISTOPHER		2.2 NAME		
STREET ADDRESS	OLESOFIO LUCURUU		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050	·	2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3,1 TTTLE	☐ Change	☐ Addition
NAME	SODOSKI, CARLA		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4,4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition Addition
NAME			5.2 NAME	··· ·	
STREET ADDRESS			5,3 STREET ADDRESS		
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	5,4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	,		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, QT. 71P		•	6.4 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 filing that the same legal effect as if made under oath; that I am an officer or director of the corporation on 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 changes or or an attachment with an address, with all buther like empowered.

SIGNATURE: