


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED  
May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moore</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V46983 (5)</b>					
<b>1. Corporation Name</b> <b>MARATHON RESTAURANTS, INC.</b>					
<b>Principal Place of Business</b> <b>4017 34TH ST S</b> <b>ST PETERSBURG FL 33711</b>			<b>Mailing Address</b> <b>4017 34TH ST S</b> <b>ST PETERSBURG FL 33711-4308</b>		



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> City		<b>3. Date Incorporated or Qualified</b> <b>06/30/1992</b>		<b>3a. Date of Last Report</b> <b>04/09/1996</b>	
<b>4. FEI Number</b> <b>59-3130077</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

<b>9. Name and Address of Current Registered Agent</b> <b>CHRISTAKOS, DEMETRIOS</b> <b>4017 34TH ST S</b> <b>ST PETERSBURG FL 33711</b>				<b>10. Name and Address of New Registered Agent</b> <b>31 Name</b> <b>JOHN MAVROMATIS</b> <b>32 Street Address (P.O. Box Number is Not Acceptable)</b> <b>33</b> <b>34 City</b> <b>FL</b> <b>35 Zip Code</b>			
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**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: *[Signature]* DATE: **3/27/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO- <b>CHRISTAKOS, DEMETRIOS</b> <input checked="" type="checkbox"/> DELETE	1. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>CHRISTAKOS, DEMETRIOS</b>	1. ME					
STREET ADDRESS	<b>4017 34TH ST S</b>	1. MEET ADDRESS					
CITY- ST- ZIP	<b>ST PETERSBURG FL</b>	1. Y- ST- ZIP					
TITLE	PO- <b>MAVROMATIS, JOHN</b> <input type="checkbox"/> DELETE	2. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>MAVROMATIS, JOHN</b>	2. ME					
STREET ADDRESS	<b>4017 34TH ST S</b>	2. MEET ADDRESS					
CITY- ST- ZIP	<b>ST PETERSBURG FL</b>	2. Y- ST- ZIP					
TITLE	<input type="checkbox"/> DELETE	3. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3. ME					
STREET ADDRESS		3. MEET ADDRESS					
CITY- ST- ZIP		3. Y- ST- ZIP					
TITLE	<input type="checkbox"/> DELETE	4. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4. ME					
STREET ADDRESS		4. MEET ADDRESS					
CITY- ST- ZIP		4. Y- ST- ZIP					
TITLE	<input type="checkbox"/> DELETE	5. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5. ME					
STREET ADDRESS		5. MEET ADDRESS					
CITY- ST- ZIP		5. Y- ST- ZIP					
TITLE	<input type="checkbox"/> DELETE	6. LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6. ME					
STREET ADDRESS		6. MEET ADDRESS					
CITY- ST- ZIP		6. Y- 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: *[Signature]* **JOHN MAVROMATIS** **3/27/97** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone: #

0377603

CR2E034 (9/96)