FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORA
95 APR 14 AM 9:18

DOCUMENT # **741118** **(4)**

1. Corporation Name

THE PRESIDENTS COUNCIL OF MAR-LEN GARDEN'S, INC.

Principal Place of Business	Mailing Address
16800 NE 14TH AVE NORTH MIAMI BEACH FL 33162	16800 NE 14TH AVE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1977**
3a. Date of Last Report: **03/04/1994**
4. FEI Number: **59-2060927** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SOUTHERTON, EDITH
16800 NE 14TH AVE
N MIAMI BCH FL 33162

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P D	☐ Change ☐ Addition
NAME	GROSSMAN, IRA	1.2 NAME	Lionel Mitchell	
STREET ADDRESS	16701 NE 13TH AVE.	1.3 STREET ADDRESS	16900 NE 14th ave	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N Miami Beach, Fla	
TITLE	VD	2.1 TITLE	VP (1st) D	☐ Change ☐ Addition
NAME	MITCHELL, LIONEL	2.2 NAME	John Flashner	
STREET ADDRESS	16900 N.E. 14TH AVE.	2.3 STREET ADDRESS	16750 NE 14th Ave	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N Miami Beach, Fla	
TITLE	S	3.1 TITLE	VP (2nd) D	☐ Change ☐ Addition
NAME	YOUNG, FLORENCE	3.2 NAME	Louis Gilman	
STREET ADDRESS	17050 N.E. 14TH AVE.	3.3 STREET ADDRESS	16790 NE 14th Ave	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	N Miami Beach, Fla	
TITLE	TD	4.1 TITLE	S	☐ Change ☐ Addition
NAME	HEALY, ROBERT	4.2 NAME	Elaine Zara	
STREET ADDRESS	16901 N.W. 13TH AVE.	4.3 STREET ADDRESS	17090 NE 14th Ave	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	N Miami Beach, Fla	
TITLE		5.1 TITLE	T.	☐ Change ☐ Addition
NAME		5.2 NAME	Roberta Healy	
STREET ADDRESS		5.3 STREET ADDRESS	16901 NE 13th Ave	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N Miami Beach, Fla	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lionel Mitchell LIONEL MITCHELL 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

6043748