

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741118 (4)

1. Corporation Name

THE PRESIDENTS COUNCIL OF MARLEN GARDEN'S, INC.

Principal Place of Business

16800 NE 14TH AVE
NORTH MIAMI BEACH FL 33162

Mailing Address

16800 NE 14TH AVE
NORTH MIAMI BEACH FL 33162



3. Date Incorporated or Qualified
11/14/1977

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD
NAME MITCHELL, LIONEL
STREET ADDRESS 16900 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME FLASHNER, JOHN
STREET ADDRESS 16750 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH FL ☒ DELETE

2.1 TITLE VP
2.2 NAME Arnold Lefkowitz
2.3 STREET ADDRESS 17090 NE 14 Ave
2.4 CITY-ST-ZIP N. Miami Beach, Fla ☒ Change ☐ Addition

TITLE VPD
NAME GILMAN, LOUIS
STREET ADDRESS 16790 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ZARA, ELAINE
STREET ADDRESS 17090 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH FL ☒ DELETE

4.1 TITLE S
4.2 NAME Elizabeth Bokash
4.3 STREET ADDRESS 16701 NE 13 Ave
4.4 CITY-ST-ZIP N Miami Beach, Fl ☒ Change ☐ Addition

TITLE Y
NAME HEALY, ROBERTA
STREET ADDRESS 16901 NE 13TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL ☒ DELETE

5.1 TITLE T
5.2 NAME Max Smolar
5.3 STREET ADDRESS 17000 NE 14 Ave
5.4 CITY-ST-ZIP N Miami Beach, Fla ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL MITCHELL 2/23/96

947-4511

Date

Daytime Phone #

CR2E037 (12/95)