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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741118 (4)

1. Corporation Name

THE PRESIDENTS COUNCIL OF MAR-LEN 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 33162-28363. Date Incorporated or Qualified  
11/14/19773a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

4. FEI Number

59-2060927

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MITCHELL, LIONEL  
STREET ADDRESS 16900 NE 14TH AVE  
CITY-ST-ZIP N MIAMI BCH FL☐ DELETETITLE VP  
NAME LEFKOWITZ, ARNOLD  
STREET ADDRESS 17090 NE 14TH AVE  
CITY-ST-ZIP N MIAMI BCH FL☐ DELETETITLE VPD  
NAME GILMAN, LOUIS  
STREET ADDRESS 16790 NE 14TH AVE  
CITY-ST-ZIP N MIAMI BCH FL☐ DELETETITLE S  
NAME BOKASH, ELIZABETH  
STREET ADDRESS 16701 NE 13TH AVE  
CITY-ST-ZIP N MIAMI BCH FL☐ DELETETITLE T  
NAME SMOLAR, MAX  
STREET ADDRESS 17000 NE 14TH AVE  
CITY-ST-ZIP N. MIAMI BEACH FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

1/28/97

Date

305-947-4511

Daytime Phone # 0031854

CR2E037 (9/96)