

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90040 030 ****61.25

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DOCUMENT # 741118

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

228996 - 90040 - 30



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2060927	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	MITCHELL, LIONEL	1.2 NAME	MITCHELL, LIONEL
STREET ADDRESS	16900 NE 14TH AVE	1.3 STREET ADDRESS	16900 NE 14 Ave
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162
TITLE	VPD	2.1 TITLE	VP
NAME	GOLD, EMANUEL	2.2 NAME	TABAK, VILEM
STREET ADDRESS	16900 NE 14 AVE	2.3 STREET ADDRESS	17090 NE 14 Avenue
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162
TITLE	VPD	3.1 TITLE	VP
NAME	VILEM, TABEK	3.2 NAME	KEHOE, HAROLD
STREET ADDRESS	16790 NE 14TH AVE	3.3 STREET ADDRESS	16801 NE 13 Ave
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162
TITLE	S	4.1 TITLE	
NAME	HERBERT, ELIZABETH	4.2 NAME	
STREET ADDRESS	1355 NE 167TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SMOLAR, MAX	5.2 NAME	
STREET ADDRESS	17000 NE 14TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL MITCHELL 3/10/99 305-947-4511

Date

Daytime Phone #

CR2E037 (11/98)