

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K85976 (4)**

1. Corporation Name

MARLEX HOUSING CORPORATION OF BOCA CENTRE



Principal Place of Business

Mailing Address

2201 N.W. CORPORATE BLVD
104
BOCA RATON FL 33431
US

2201 N.W. CORPORATE BLVD
104
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified
05/05/1989

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 **6001 N.W. 61st AVENUE**

Suite, Apt. #, etc.

22 City & State
23 **PARKLAND, FL**

Zip

24 **33067-4402**

Country

25 **USA**

2a. Mailing Address

26 **21218 ST. ANDREWS BLVD.**

Suite, Apt. #, etc.

27 **#636**

City & State

28 **BOCA RATON, FL**

Zip

29 **33431**

Country

30 **USA**

4. FEI Number

65-0117995

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

BLASI, ANDREW B. PA
ARVIDA PARKWAY CENTRE
7900 GLADES RD, STE 445
BOCA RATON 33434

81 Name
DONALD C. ALEXANDER

82 Street Address (P.O. Box Number is Not Acceptable)
6001 N.W. 61st AVENUE

83

84 City
PARKLAND,

FL

85 Zip Code
33067-4402

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.

DONALD C. ALEXANDER, PRESIDENT

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 ☐ DELETE

NAME
**PS
ALEXANDER, DONALD C**
STREET ADDRESS
2201 N.W. CORPORATE BLVD, STE 104
CITY-STATE-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
**VT
TREADWELL, NORMA J**
STREET ADDRESS
2201 N.W. CORPORATE BLVD, STE 104
CITY-STATE-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
**AS
ALEXANDER, MARIANE**
STREET ADDRESS
2201 N.W. CORPORATE BLVD, STE 104
CITY-STATE-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
6001 N.W. 61st AVENUE
1.4 CITY-STATE-ZIP
PARKLAND, FL 33067-4402

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
5600-H COACH HOUSE CIRCLE
2.4 CITY-STATE-ZIP
BOCA RATON, FL 33486

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
ALEXANDER, MARIAN E.
3.4 CITY-STATE-ZIP
6001 N.W. 61st AVENUE
PARKLAND, FL 33067-4402

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DONALD C. ALEXANDER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)