## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997						DEPAR' ndra B. ecretary N OF C	. Mort y of St	tham ate	)	F11 97 APR 23				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L94000000503										SECRETARY OF STATE TALLAHASSEE, FLORIDA				
of Limited Liability Company DOCUMENT # 19400000503  MARLEX ENTERPRISES OF CENTRAL FLORIDA, L.C										1a. Principal Pla	ce of Business	Address		
70 <del>55 SAW MILD BLVD</del> ORLANDO FL 32818										7055 SAW MILL BLVD ORLANDO FL 32818				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.														
2 Principal Place of Business 2a. M					illing Address				N 4	3. Date Organize		-	e of Formation	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					09/28/1994   FL				
City & Sta	City & State					····	Applied For							
										5. Date of Last F	4	6. Certific	Not Applicable	
Zip	Country		34761			ountry			03/27/19	96	S8.75 Additional Fee Required			
	7. Name	and Add	iress of Current F	legistered	Agent			Name	I	8. Name and Add	ress of New Ro	gistered A	igent	
DIAMOND, PHILLIP A 255 N ORANGE AVE 16TH FLOOR ORLANDO FL 32801						Street Address (P.O. Box N					iber is Not Acceptable)			
						City				FL	Zip Code	•		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirma as registered agent, and accept the obligations.														
SIGNATURE											DATE			
10. Title	(Registered Agent Accepting Appointm  Managing Members/Managers				t) (NOTE Registered Agent signature required when reinstating  Business Street Address					)	City	, State and	Zip Code	
MGRM	MISSIG	ISSIGMAN, STEPHEN A			7055	CAW	MT	TT.T. RIVD			ORLANDO EL			
ľ	•						•		ORLANDO FL					
MGRM	MISSIGMAN, GABRIELA			A	7055 SAW M			LL	BLVD	وسيور رسم	ORLANDO FL 600021586163 -04/29/9701083016 ****203.75 ****203.75			
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13. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.														
SIGN	IATURE		SIGNATURE AND TYPED	OR PRINTED I	NAME OF SIGN					JREBANO	Date Date	b1-97	Daytime Phone #	