

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:36

DOCUMENT # M88464 (6)
1. Corporation Name
MARLEX HOUSING CORPORATION OF BOYNTON BEACH

Principal Place of Business Mailing Address
21301 POWERLINE ROAD, SUITE #301 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0067140** 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

2. Principal Place of Business 2a. Mailing Address
21 **2101 N.W. CORPORATE BLVD.** 26 **2201 N.W. CORPORATE BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE #104** 27 **SUITE #104**
City & State City & State
23 **BOCA RATON, FL** 28 **BOCA RATON, FL**
Zip Country Zip Country
24 **33431** 25 **USA** 29 **33431** 30 **USA**

9. Name and Address of Current Registered Agent
BLASI, ANDREW B, PA
ARVIDA PARKWAY CENTRE
7900 GLADES RD, STE 445
BOCA RATON 33434

10. Name and Address of New Registered Agent
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 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.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SHUM JACK P
STREET ADDRESS	21301 POWERLINE ROAD SUITE 301
CITY, ST, ZIP	BOCA RATON FL
TITLE	AS
NAME	LEE LISA M
STREET ADDRESS	21301 POWERLINE RD SUITE 301
CITY, ST, ZIP	BOCA RATON FL
TITLE	D
NAME	ALEXANDER, MARIAN E.
STREET ADDRESS	21301 POWERLINE RD #301
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DONALD C. ALEXANDER	
3. STREET ADDRESS	2201 N.W. CORPORATE BLVD STE #104	
4. CITY, ST, ZIP	BOCA RATON, FL 33431	
2. TITLE	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NORMA J. TREADWELL	
3. STREET ADDRESS	2201 N.W. CORPORATE BLVD STE #104	
4. CITY, ST, ZIP	BOCA RATON, FL 33431	
3. TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	MARIAN E. ALEXANDER	
3. STREET ADDRESS	2201 N.W. CORPORATE BLVD STE #104	
3. CITY, ST, ZIP	BOCA RATON, FL 33431	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, 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)(a), 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: *Norma J. Treadwell* 6/8/95 (407)989-0777
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORMA J. TREADWELL, VP and TREASURER