SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000078554 (1)

1. Corporation Name
SANDRA MCKENDREE, INC.

Principal Place of Business	Mailing Address
1458 85TH AVENUE NORTH ST. PETERSBURG FL 33702	1458 85TH AVENUE NORTH ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3209757** ☐ 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

MCKENDREE, SANDRA
1458 85 AVE. N.
ST. PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	MCKENDREE, SANDRA	12 NAME	
STREET ADDRESS	1458 85TH AVE. NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra J. McKendree Pres. 8/3/576-2017
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Telephone Number
SANDRA J. MCKENDREE

0188040 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN [illegible] 9:37

DOCUMENT # **P93000078868 (5)**

1. Corporation Name

MARLEX HOUSING CORPORATION OF THE OAKS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2201 N.W. CORPORATE BLVD.
22 Suite, Apt. #, etc. SUITE #104
23 City & State BOCA RATON, FL
24 Zip 33431
25 Country USA

2a. Mailing Address
26 2201 N.W. CORPORATE BLVD.
27 Suite, Apt. #, etc. SUITE #104
28 City & State BOCA RATON FL
29 Zip 33431
30 Country USA

4. FEI Number: 65-0451571 ☐ 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

LAW OFFICES OF ANDREW B BLAST PA
7900 GLADES ROAD STE 445
BOCA RATON FL 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition
NAME	SHUM JACK P	12 NAME	
STREET ADDRESS	21301 POWERLINE ROAD STE 301	13 STREET ADDRESS	DELETE
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	AS	21 TITLE	AS ☒ Change ☐ Addition
NAME	LEE LISA M	22 NAME	MARIAN E. ALEXANDER
STREET ADDRESS	21301 POWERLINE RD STE 301	23 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	PDC	31 TITLE	P/S ☒ Change ☐ Addition
NAME	ALEXANDER, DONALD C	32 NAME	DONALD C. ALEXANDER
STREET ADDRESS	21301 POWERLINE RD #301	33 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	VTD	41 TITLE	V/T ☒ Change ☐ Addition
NAME	SHUM, JACK P	42 NAME	NORMA J. TREADWELL
STREET ADDRESS	21301 POWERLINE RD #301	43 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	BOCA RATON, FL 33431
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #
NORMA J. TREADWELL, VP and TREASURER

0261065 CP