

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 287220

1. Corporation Name

ALEXANDER SCHOOL, INC.

Principal Place of Business

6050 RED ROAD
MIAMI FL 33143-2346

Mailing Address

6050 RED ROAD
MIAMI FL 33143-2346

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90037 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1964

4. FEI Number

59-1114395

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHABROW, PENN B.

~~2222 PONCE DE LEON BLVD~~

~~SUITE 300~~

~~CORAL GABLES FL 33134~~

(SAME)
SEE ADDR
CHANGE

81 Name CHABROW, PENN B.

82 Street Address (P.O. Box Number is Not Acceptable)

777 BRICKELL AVE

83 900 SUN BANK BLDG.

84 City MIAMI

85 Zip Code FL 33143

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD

NAME MCGHEE, JAMES R

STREET ADDRESS ~~7550 SW 144 ST~~

CITY-ST-ZIP MIAMI FL

TITLE VPS

NAME MCGHEE, JAMES R. II

STREET ADDRESS 6050 SW 57TH AVE

CITY-ST-ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/98 305-665-6274
Date Daytime Phone #

CR2E034 (11/98)