## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORAT			State					
DOCUME I. Corporation Nam	NT # <b>P9500</b>	0044739	9 (7)		ļ			
ALEXANDRI	IA'S GARDENS, INC.				 			
Principal Place of B	usiness	Mailing Addre	ess			#8   <b>9</b> 814 0014 0011 0	III) BUIII BIUII BIU	AI 18807 IAIIO 1811 FOR
P.O.BOX 204 P.O.BOX 204 GOULDS FL 33170 GOULDS FL								
					3. Date Incorpor 06/01/199		3a. Date	of Last Report
. Principal Place o	of Business	2a. Mailing A	ddress		4. FEI Number	00260		Applied For Not Applicab
Suite, Apt. #, etc	2	Suite, Ap	t #, etc.		5. Certificate of		DZ :	\$8.75 Additional Fee Required
City & State		27 City & Sta	ate		6. Election Cam		<del></del>	<b>\$5.00</b> May Be
	Country	28 Zip		Country	Trust Fund Co		r intangible tag	Added to Fees under s 199.032,
Zip 4	25	29	3(	¬ .	Florida Statul	es L	Yes	No
9.	. Name and Address of Curr	ent Registered Age	nt	81 Name	10. Name and A	doress of New N	egistered Ag	3111
SMOLENY, CHARLES 21650 S.W. 137TH AVENUE GOULDS FL 33170					ddress (P.O. Box Number is Not Acceptable)			
GOOLD	15 FL 35170			83				85 Zip Code
	e provisions of Sections 607.0			84 City			FL	
SIGNATURE Signa	miliar with, and accept the oblains, typed or printed name of registered.			Registered Agentisignature  13.	required when reinstating)  ADDITIONS/C	HANGES TO OF	DATE FICERS AND D	DIRECTORS IN 12
12.	PD	L	DELETE	1 F TITLE				Change Addit
	SMOLENY, STORMY A			1.2 NAME	STORMY A 13750 SW	216 STR	EET	
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NAME				6.2 NAME	-07	/15/9601	102302	'b
STREET ADDRESS				6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	1	233.75		
CITY-ST-ZIP  14. I do hereby of	certify that the information sup	blied with this filing i	s voluntarily fur	nished and does no	qualify for the exemption	on stated in Sector	on 119 07(3)(k shall bave the	), Florida Statutes I same legal effect a
further certify	y that the information indicated	on this annual repu	it or supplement then or the rince	iver or trustee empo	wered to execute this re	port ås required l	by Chapter 61	7, Florida Statutes, a
that my name	e appears in Block 12 or Block	.13 if changed, or or	n an atta <del>chme</del> n	t with an address	blide	10 6	sor)~	7-234 7/15/9
SIGNATU	IRE:	Torny	mex	ung	4/18/	$\mathcal{W}_{\underline{\underline{}}}$ (2	Kn Jani	1- UJU
	SIGNATURE AND TYPE	D OR PRINTED NAME OF	STONE OF THE REPORT OF THE PARTY OF THE PART	OR DIRECTOR		14 E = = = = = = = = = = = = = = = = = =	CS	7/15/9