

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

**MAILED
AND
FILED**

'95 JUL -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 316614 (7)

1. Corporation Name
JOE ALEXANDER REAL ESTATE, INC.

Principal Place of Business
**2189 CLEVELAND LST.
P O BOX 4855
CLEARWATER FL 34618-4855**

Mailing Address
**2189 CLEVELAND LST.
P O BOX 4855
CLEARWATER FL 34618-4855**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/10/1967	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1164812	Appoint For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. The corporation has taken for its reports the under 1995 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt #, etc	26 State, Apt #, etc
22 City & State	27 City & State
24 City	29 City
25 County	30 County

9. Name and Address of Current Registered Agent

**ALEXANDER, JOE
2189 CLEVELAND LST.
CLEARWATER FL 33575**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P ALEXANDER, JOE 2189 CLEVELAND ST. CLEARWATER FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GIFFORD, EBEN G. 340 REGINA DR. NO. LARGO FL	13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST RIOTTE, AUDRA W. 2632 ST. JOSEPH DR. W. DUNEDIN FL	14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information contained with this filing is a Amended (checked) and that I do not qualify for the exemption stated in Section 119.07(1)(c) Florida Statutes. I further certify that the information furnished in this annual report or supplemental annual report is true and accurate and that my signature has the same legal effect as if made under oath. 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 Part 4, 12 or 13 of this filing as an attachment with an address.

SIGNATURE: *Joe Alexander* **Joe Alexander** 6-28-95 815-726-5427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 513-643-0711

CR2E034 (3-95)