

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **485226**

**(5)**

1. Corporation Name  
**ALEXANDER PROPERTIES, INC.**



Principal Place of Business  
**327 SUNSET ROAD  
FROSTPROOF FL 33843**

Mailing Address  
**327 SUNSET ROAD  
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified <b>09/23/1975</b>	3a. Date of Last Report <b>06/09/1995</b>
4. FEI Number <b>59-1624032</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**ALEXANDER, JOHN R.  
327 SUNSET RD.  
FROSTPROOF FL 33843**

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	<b>FL</b>

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 607.026, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PT NAME: <b>ALEXANDER, JOHN R</b> <input type="checkbox"/> DELETE STREET ADDRESS: <b>327 SUNSET ROAD</b> CITY-STATE-ZIP: <b>FROSTPROOF FL</b> VS NAME: <b>ALEXANDER, SARAH J</b> <input type="checkbox"/> DELETE STREET ADDRESS: <b>327 SUNSET ROAD</b> CITY-STATE-ZIP: <b>FROSTPROOF FL</b> D NAME: <b>ALEXANDER, JOHN R.</b> <input type="checkbox"/> DELETE STREET ADDRESS: <b>327 SUNSET ROAD</b> CITY-STATE-ZIP: <b>FROSTPROOF FL</b> D NAME: <b>ALEXANDER, SARAH J.</b> <input type="checkbox"/> DELETE STREET ADDRESS: <b>327 SUNSET ROAD</b> CITY-STATE-ZIP: <b>FROSTPROOF FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I 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)(k), 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. 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 attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John R. Alexander, President*

11/15/96

941-635-4620

CR2E034 (12/95)