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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627098

1. Corporation Name

ALEX'S FLAMINGO GROVES, INC.

(7)

Mailing Address

FILED Feb 19 1997 8:00am Secretary of State

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236 N FEDERAL DANIA FL 3300 US				FEDERAL HWY FL 33004-2808							·				
								3. Date Incorporated or Qualified 06/22/1979 02/07/1996				Report			
2. Principal Place of Business 2a. Mailing Addres 21 26			ailing Address					4. FEI Number 59-1940554			Applied For				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					20.75						
22			27						5. Certificat	e of Status Desired	X		Required		
City & Stati	e	28 C	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip	The second secon					ountry			Trust Fund Contribution						
24	25 29 30							Florida Statutes Yes No							
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent							
	INA, ARAEL N FEDERAL HIGI	LINEYAV				81	Nar	n e		•					
l	IA FL 33004	пил				82	Stre	et Addri	ess (P.O. Box N	umber is Not Accepta	able)				
						83									
						84	City					85 Zip	Code		
11 Purculant	to the provisions of	Spetions 807 05	102 and 602	1609 Florido Stat	uton tha			ad core	aration aubmita	this statement for the	FL	.	· · · · · · · · · · · · · · · · · · ·		
office or r	registered agent, or	both, in the Sta	te of Florida.	Such change was	utes, the t s authoriza	ed by	the o	ed corp orporati	ion's board of d	this statement for the irectors. I hereby according	purpose o ept the app	r changing pointment as	ns registered s registered		
1	ин каналат with, алт	raccept me obii	gations or, s	ection 607.0505, i	rionda St	atutes	i.			2					
SIGNATURE	Stignation typical in proceed	d has a relinegistered a	gent and little if ap	oclicable (N	OTE: Register	ed Age	nt signa	lure require	ed when reinstating)		DATE				
12.		OFFICERS A	ND DIRECTO		13.				ADDITION	S/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12		
TITLE	P APPOILS ADAE			☐ DELETE	1.1	TITLE						Change	Addition		
NAME	MEDINA, ARAE 236 N FEDERA				1.21	NAME									
STREET ADDRESS	DANIA FL	L NWI			13:	STREET	ADDRE	is .							
CITY-SI-7/P	ST			DELETE		CITY-S1	r-ZIP					——————————————————————————————————————			
7 TLE	MEDINA, CONN	HE.		☐ DELETE		TITLE						☐ Change	L. Addition		
NAME	AND ALTERDAL LEAD!					22 NAME									
STREET ADDRESS	DANIA FL					2 3 STREET ADDRESS 2. 4 City-St-Zip									
CITY-ST-7P TITLE	V			DELETE		CITY-S TITLE	T-ZIP					Change	Addition		
NAME	MEDINA, ALEXA	ANDER		_ beerie		NAME					77.4	- viende	- Magnifori		
STREET ADDRESS	236 N. FED. H					STAFET :	ያሀሆው።	20	•						
CITY-ST-ZIF	DANIA FL 3300				- 1	CITY-S		~							
TIFLE				DELETE	-	TITLE	11-41					Change	Addition		
NAME					1	NAME									
STREET ADDRESS						STREET	addre	is							
CITY-\$1-70°					4.4 (CITY - ST	T-ZIP								
TATLE				DELETE	5.1	TITLE						Change	Addition		
NAME					5.21	NAME									
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NAME					6.21	NAME									
STREET ADORESS					6.3 5	STREET	ADDRE	is							
CITY+S1+ZIP						CITY - ST									
14. I do heret	by certify that the in	formation suppli	ed with this t	iling does not qua	alify for the	e exer	motio	n stated	in Section 119.	07(3)(i), Florida Statut	es Liurthe	r certify tha	t the		

• I do 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 justice 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 address.

SIGNATURE:

NED WHE OF STONING OFFICER OF DIRECTOR

9549217600