

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

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90208 001 \*\*\*150.00

DOCUMENT # F95000004961

1. Corporation Name ALEXANDRE LONDON, INC.

Principal Place of Business: NAVY RESALE ACTIVITY, NORFOLK NAVAL BASE, CD, NORFOLK VA 23511, US. Mailing Address: 300 EAST MAIN STREET, SUITE 1330, NORFOLK VA 23510, US.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1995

4. FEI Number: 54-1562612

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 300 East Main Street 27 Suite, Apt. #, etc. 27 Suite 1400 28 City & State: 28 Norfolk, VA 29 Zip: 29 23510 30 Country: 30 USA

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	MAWBY, JOHN	
STREET ADDRESS	GRANARY BUILDING, 1 CANAL WHARF	
CITY-ST-ZIP	LEEDS LS11 5B	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GRAHAM	
STREET ADDRESS	GRANARY BUILDING, 1 CANAL WHARF	
CITY-ST-ZIP	LEEDS L3	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCAS, PETER	
STREET ADDRESS	GRANARAY BLD., 1 CANAL WHARF	
CITY-ST-ZIP	LEEDS LS11 5BB WEST YORKSHIR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPENCER, DAVID R	
STREET ADDRESS	WILHELM-NAGEL-STR 51	
CITY-ST-ZIP	71642 LUDWIGSBURG GE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEST, CHARLES W III	
STREET ADDRESS	300 E MAIN ST STE 1330	
CITY-ST-ZIP	NORFOLK VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mawby, John	
1.3 STREET ADDRESS	Granary Building, 1 Canal Wharf	
1.4 CITY-ST-ZIP	Leeds LS11 5BB	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Graham	
2.3 STREET ADDRESS	Granary Building, 1 Canal Wharf	
2.4 CITY-ST-ZIP	Leeds LS11 5BB	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lucas, Peter	
3.3 STREET ADDRESS	Granary Building, 1 Canal Wharf	
3.4 CITY-ST-ZIP	Leeds LS11 5BB	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Spencer, David R.	
4.3 STREET ADDRESS	Wilhelm-Nagel-Str 51	
4.4 CITY-ST-ZIP	71642 Ludwigsburg Germany	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Best, Charles W., III	
5.3 STREET ADDRESS	300 East Main Street, Suite 1400	
5.4 CITY-ST-ZIP	Norfolk, Virginia 23510	
6.1 TITLE	VP-USA Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ashby, Keith	
6.3 STREET ADDRESS	4228 Summit Manor Court, #206	
6.4 CITY-ST-ZIP	Fairfax, VA 22033	

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: Charles W. Best, III (757) 624-1800

CR2E034 (1/98)