


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

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G92814 (4) 1. Corporation Name ALEXANDER GUNITE, INC.			
Principal Place of Business 3951 S.E. COMMERCE AVENUE STUART FL 34997 US		Mailing Address PO BOX 292 STUART FL 34995-0292 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/23/1984		3a. Date of Last Report 04/24/1996	
4. FEI Number 59-2425826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ALEXANDER, DALE 3951 S.E. COMMERCE AVENUE STUART FL 34997		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input type="checkbox"/> DELETE NAME ALEXANDER, DALE STREET ADDRESS 3801 SEA POINT COURT CITY-ST-ZIP STUART FL		1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ALEXANDER, DALE 1.3 STREET ADDRESS 3113 S.E. QUANSET CIRCLE 1.4 CITY-ST-ZIP STUART, FL. 34997	
TITLE ST <input type="checkbox"/> DELETE NAME ALEXANDER, RUBY STREET ADDRESS 3801 SEA POINT COURT CITY-ST-ZIP STUART FL		2.1 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME ALEXANDER, RUBY 2.3 STREET ADDRESS 3113 S.E. QUANSET CIRCLE 2.4 CITY-ST-ZIP STUART, FL. 34997	
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Ruby Alexander*
RUBY ALEXANDER

1-16-97 (561) 286-0062

Date Daytime Phone #

0471763

CR2E034 (9/96)