FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90187 042 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H66161**

Corporation     NORMAN	n Name N-ALEXANDER IN	IVESTMENT	PROPERTIES	S, INC.								
Principal Place	e of Business		Mailing Addre	ess —				II	<b>88:811 8:12 8:</b> 1118 8:181 1:11			
1413 S HOWAF	RD		1509 S BAY VI	ILLA PL								
SUITE 214			TAMPA FL 336	29					DO NOT	MOTE IN TH	ID CDACE	
TAMPA FL 3367 US	29		US					2 Data I	corporated or Qual	WRITE IN TH	13 3FACE	
00								1	2/1985			
2. Principal P	lace of Business	-	2a. Mailing Ad	ddress				4. FEI Nu			App	r lied For
21			26					59-25	<u>67073                                   </u>			t Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certifo	ate of Status Desire	d $\square$	\$8.75 A	
22			27					<del></del>			Fee Re	
City & Stat	e		City & Sta	ite				ŀ	n Campaign Financ und Contribution	ing 🗆	\$5.00 _Added to	*
Zip	Cour 25	try	Zip		Count	try		1	rporation owes the al Property Tax.	current year		i∃No
	9. Name and Add	ress of Current		nt	1001				and Address of No	w Register		
					8	81 1	Name					
	SCHKE, PHYLLIS S	,			-	B2 S	Street Ac d	trees (P.O. Box	Number is Not Acc	entable)	<del></del>	
	9 BAY VILLA PL				1	`	Jueer Acu	ness (r.o. box	Humber is Not Acc	ершою		
MAT	IPA FL 33629				1	B3						
					1	84 (	City			F	85 Zip C	Code
						- 1						
11 Pursuant	to the provisions of Sc	ctions 607 0502	and 607,1508, Fl	orida Statu	es, the abo	L ove-n	amed con	poration submit	s this statement for	the purpose	of changing its	registered
office or r	to the provisions of Se registered agent, or bo im familiar with, and ac	h, in the State of cept the obligation	Florida, Such chons of, Section 60	ange was 17.0505, Fl	authorized to orida Statut	by the es.	e corporati	ion's board of c	s this statement for irectors. I hereby a	ccept the ap	of changing its cointment as reg	ragistered g stered
office or r agent. a SIGNATURE	registered agent, or boom familiar with, and act	h, in the State of cept the obligation	Florida, Such chons of, Section 60 and title if applicable.	ange was 17.0505, Fl	authorized to orida Statut	by the es.	e corporati	red when reinstating)	rectors. I nereby a	DATE	cointment as rec	g stered
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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 one arrattechment with an address, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP