FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (0) **DOCUMENT #** 1. Corporation Name ALEXANDER DEVELOPMENT, INC. Principal Place of Business Mailing Address 1020 PINE ISLAND RD 1020 PINE ISLAND RD UNIT #310 UNIT #310 CAPE CORAL FL 33909 CAPE CORAL FL 33909 3. Date Incorporated or Qualified 07/01/1987 3a. Date of Last Report 08/18/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0187177 Not Applicable 26 21 \$8.75 Additional Suite, Apl. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing  $\Gamma$ Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zin ☐ Yes ☐ No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALEXANDER, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 82 1020 PINE ISLAND RD #310 83 CAPE CORAL FL 33909 City 85 Zip Code 84 11. Pursuant to the provisions of Sections 607.050? 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 DATE Signature typed or printed name of registered agent and title if applicable (NOTe: Brigistered Agent Signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change Addition DELETE 1 1 TITLE TITLE ALEXANDER, MICHAEL D CR2E034 1.2 NAME NAME 1020 PINE ISLAND RD, UNIT 310 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition SVD DELETE TITLE 2 1 TITLE CARLIN, LANA JO 2.2 NAME NAME 1020 PINE ISLAND RD., UNIT 310 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 24 CITY-ST-Z-P CITY-ST-ZIP Change Addition DELFTE 3 1 HH F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - S1 - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE **4.2 NAME** NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5/3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - S1 - ZiP CITY - ST-ZIP 14. Ido 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; 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 arrattactyrient with an address.

MICHAEL D. ALEXANDER 4/16/96

(12/92)

Daytime Phone II