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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K15555 (1)

1. Corporation Name

ALEXVENTURES, INC.



Principal Place of Business

Mailing Address

2898 FOREST OAKS DR  
ORANGE PARK FL 32073  
US

2898 FOREST OAKS DR  
ORANGE PARK FL 32073  
US

3. Date Incorporated or Qualified

02/19/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGLICH, DAVID S.  
1390 MAIN ST  
SIXTH FLOOR  
SARASOTA FL 34236

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 of the person making the change of registered agent or office

Signature of the Registered Agent or person making the change

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME ALEXANDER, TIMOTHY J.  
STREET ADDRESS 2898 FOREST OAKS DR  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

D  
NAME ALEXANDER, JONI G.  
STREET ADDRESS 2898 FOREST OAKS DR  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300001846938  
-06/03/96--01016--002  
\*\*\*233.75

14. I do 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 an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Alexander

4-30-96

904-264-1935

Date

Daytime Phone

CR2E034 (12/95)