


<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L56156</b> 1. Corporation Name <b>ALEXIS ENTERPRISES, INC.</b>			
Principal Place of Business <b>1003B EAST OAK ST</b> <b>ARCADIA FL 33821</b>		Mailing Address <b>1003B EAST OAK ST</b> <b>ARCADIA FL 33821</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>1003 - D East Oak St</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27	
City & State 23 <b>Arcadia FL</b> Zip 24 <b>34266</b>		City & State 28 Zip 29	
Country 25 <b>USA</b>		Country 30	
9. Name and Address of Current Registered Agent <b>MAGGIE SIMMONS</b> <b>RT 1 BOX 403 DALLAS MCCLELLAN RD</b> <b>ZOLFO SPRINGS FL 33890</b>		10. Name and Address of New Registered Agent 81 Name <b>Maggie Messina</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1003 - D East Oak St.</b> 83 84 City <b>Arcadia</b> <b>FL</b> 85 Zip Code <b>34266</b>	
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 <i>Maggie Messina</i> DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIMMONS, MAGGIE RT 1 BOX 403 DALLA MCCL ZOLFO SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PST Maggie Messina 1003 - D East Oak St. Arcadia FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DELETED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)