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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L76375

1. Corporation Name

ALEXANDRA PROPERTIES, INC.

Principal Place of Business 5144 B NOCEAN BLVD OCEAN RIDGE FL 33435 131 CANOPUS HOLLOW RD PUTNAM VALLEY NY 10579	Mailing Address c/o SCOTT ROTHSTEIN 8211 W BROWARD BLVD FT. LAUDERDALE FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 131 CANOPUS HOLLOW RD Suite, Apt. #, etc. 22 City & State PUTNAM VALLEY N.Y. Zip Country 10579 USA	2a. Mailing Address 26 8211 W BROWARD BLVD Suite, Apt. #, etc. 27 c/o SCOTT ROTHSTEIN City & State FT. LAUDERDALE FL Zip Country 33324 USA	3. Date Incorporated or Qualified 05/30/1990 4. FEI Number 65-0197461 5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROTHSTEIN, SCOTT W. 8211 W. BROWARD BLVD. STE. 420 FT. LAUDERDALE FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D TARLETON, VIRGINIA STREET ADDRESS 240 EL DORADO LANE CITY-ST-ZIP PALM BEACH FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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: Virginia Tarleton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 (914) 526 7244
 Date Daytime Phone #

CR2E034 (11/98)