FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24384

(0)

ALEX-ARL FLORIDA COMPANY, INC.

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Principal Place	of Business	Mailing Address				
901 VENETIA BAY BLVD 300 VENICE FL 34292-4045		901 VENETIA BAY BLVD #300 VENICE FL 34292-4044				
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1989 02/07/1996	
2. Principal Pl	ace of Business	2a. Mailing Addre	SS		4. FEI Number Applied For	
21		26			52-1600965 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	•	City & Stato			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	7ip 29	Gount 30	ry	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	CORPORATION SYSTEM		8	1	Name	
	S. PINE ISLAND ROAD ITATION FL 33324		8	2	Street Address (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4	City 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, I forida Statutes.

agent. I a	m familiar with, and accopt the obligations of, Se	ction 607.Ŏ505, Ftor	ida Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered agent and title if age	dicable (NCIL)	Registered Agent signature requi	ired when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	P	DELF 1E	1.4 3HLE	☐ Change	Addition
NAME	MITCHELL, RICHARD J.		1.₽ NAME		
STREET ADDRESS	901 VENETIA BAY BLVD., SUITE 300		1.8 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.# CITY - \$1 - ZIP		
TITLE	AS	DELETE	2.1 H1LE	☐ Change	Addition
NAME	HARTENSTINE, J. MICHAEL		2.2 NAME		
STREET ADDRESS	1550 RINGLING BLVD		2.8 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP		
TITLE	VPD	DELETE	3.1 T(TLE	Change	Addition
NAME	LOMBARD, JAMES M.		3.2 NAME		
STREET ADDRESS	901 VENETIA BAY BLVD., SUITE 200		3.8 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4. CITY-ST-ZIP		
TITLE		DELE1E	4.N TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP			4,4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TIBLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.8 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	•	
TITLE		DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.8 STREET ADDRESS		

CITY-ST-ZIP

14. I do 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 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 of 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 allochmont with an address.

CR2E034 (9/96)