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

PROFIT - CORPORATION ANNUAL REPORT

Tace of Business

N. MILITARY TRAIL

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FLORIDA DEPARTMENT OF STATE

CUMENT # P92000005971

Signature, typed or printed name of registered agent and title if applicable

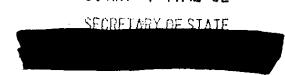
EXANDER INVESTMENT GROUP, INC.

Katherine Harris Secretary of State **DIVISION OF CORPORATIONS**

Mailing Address

6503 N. MILITARY TRAIL

FILED						
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2700 RATON FL	334 \$ 6	Unit 2700 Boca raton FL 33496		DO NOT WRITE IN THIS SPACE			
5	<i>?</i> *			3. Date Incorporated or Qualifed 11/25/1992			
.mujuai Place	e of Business	2a. Mailing Address		4. FEI Number 65-0458772	Applied For Not Applicable		
-de Apt #, €	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired.	\$8.75 Additional Fee Required		
ரு & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
5 · 	Country 25	Zip Co	Duntry	This corporation owes the current year Personal Property Tax.	Intangible ☑Yes ☐No		
	9. Name and Address of Curr	rent Registered Agent	10. Name and Address of New Registered Agent				
GLAZER, DONALD J 10066 BAY HARBOUR TERR BAY HARBOR ISL FL 33154			81 Name 82 Street Accress (P.O. Box Number is Not Acceptable) 1101 S.E. Coral R (cf St.) 83 84 City Port St. Lucic FL 85 Zip Code 3 4 9 8 3				
ance or regis	stereo ayent, or bom, in the Sta	502 and 607.1508, Florida Statutes, the te of Florida. Such change was authorize gations of, Section 607.0505, Florida Sta	ed by the comomistic	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered		

OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD ☐ DELETE 1.1 TITLE GLAZER, DONALD J 1.2 NAME ISTREET ADDRESS 1101 S.E. Coral Recf St. 10066 BAY HARBOUR TERR **JUDGRESS** Part St. Lucie, FL 34983 **BAY HARBOUR TERR FL 33154** 1.4 CITY-ST-ZIP SD □ DELETE 21 TITLE P,S,D Change Acciden BONGARD, BURTON M 800003243668-22 NAME -05/12/00--01014=-001 _6503 N. MILITARY_TRAIL ADDRESS 2.3 STREET ADDRESS ****150.08 ****150.00 **BOCA RATON FL 33496** 2. 4 CTTY- ST-Z:P DELETE Change ☐ Assiton 3.1 TITLE 32 NAME "ADDRESS 3.3 STREET ADDRESS T- ZIP 3.4. CITY- \$T- ZIP DELETE 4.1 TITLE ☐ Change ☐ Acciden 4.2 NAME ADDRESS 4.3 STREET ADDRESS 7.29 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Add:bon 5.2 NAME 5.3 STREET ADDRESS AXXRESS

OTE: Registered Agent signature required when reinstating)

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 efficient or director of the comporation 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

☐ DELETE

BURTON IN BONGARD

561-9972325

Change

☐ Accition