

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000007447 (4)

1. Corporation Name

ALEXANDER REALTY, CORP.

FILED

96 DEC 16 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

9600

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| [REDACTED] | [REDACTED] |

| | | | |
|--------------------------------|---------|--|--|
| 2. Principal Place of Business | | 3a. Date of Last Report | |
| 21 111 W. Fortune Street | | 01/29/1993 | |
| Suite, Apt. #, etc. | | 3a. Date of Last Report | |
| 22 c/o Robinson Callen | | 05/01/1995 | |
| City & State | | 4. FEI Number | |
| 23 Tampa, Florida | | 65-0405191 | |
| Zip | | Applied For | |
| 24 33602 | Country | Not Applicable | |
| 25 USA | Country | 5. Certificate of Status Desired | |
| 26 33602 | Country | 8.75 Additional Fee Required | |
| 27 USA | Country | 6. Election Campaign Financing | |
| 28 USA | Country | Trust Fund Contribution | |
| 29 USA | Country | 5.00 May Be Added to Fees | |
| 30 USA | Country | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | |
| | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 83 | |
| 84 City | | 84 City | |
| FL | | FL | |
| 85 Zip Code | | 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]*

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

(NOTE: Registered Agent signature required when reinstating)

12/2/96

DATE

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | [REDACTED] | 12 NAME | |
| STREET ADDRESS | [REDACTED] | 13 STREET ADDRESS | |
| CITY ST ZIP | [REDACTED] | 14 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 22 NAME | P/D |
| STREET ADDRESS | | 23 STREET ADDRESS | Robinson Callen |
| CITY ST ZIP | | 24 CITY - ST - ZIP | 111 W. Fortune Street |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | V.P./Secretary |
| NAME | | 32 NAME | Susan Eddy |
| STREET ADDRESS | | 33 STREET ADDRESS | 111 W. Fortune Street |
| CITY ST ZIP | | 34 CITY - ST - ZIP | Tampa, FL 33602 |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | 200002032112--9 |
| STREET ADDRESS | | 53 STREET ADDRESS | -12/18/96--01028--002 |
| CITY ST ZIP | | 54 CITY - ST - ZIP | ***375.00 ***375.00 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY - ST - ZIP | |

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]* ROBINSON CALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.1.996 (305) 532-2750

Date

Daytime Phone #

CR2E034 (12/95)