

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000043151 (8)**

1. Corporation Name  
**THE ALEXANDER GROUP, INC.**



Principal Place of Business <b>9501 E. HILLSBOROUGH AVENUE                  TAMPA FL 33610</b>	Mailing Address <b>9501 E. HILLSBOROUGH AVENUE                  TAMPA FL 33610-5825</b>
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3. Date Incorporated or Qualified <b>06/14/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3187992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 7439 E. Hillsborough Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 7439 E. Hillsborough Ave.</b> Suite, Apt. #, etc.
<b>22 Suite 110</b> City & State	<b>27 Suite 110</b> City & State
<b>23 Tampa, FL</b> Zip Country	<b>28 Tampa, FL</b> Zip Country
<b>24 33610 Hillsborough</b>	<b>29 33610 Hillsborough</b>

9. Name and Address of Current Registered Agent <b>COFFILL, E. JOHN                  9501 E. HILLSBOROUGH AVENUE                  TAMPA FL 33610</b>	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name  <b>Coffill, John</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)  <b>7439 E. Hillsborough Ave</b></td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City  <b>Tampa, FL</b></td> </tr> <tr> <td>85 Zip Code  <b>33610</b></td> </tr> </table>	81 Name <b>Coffill, John</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>7439 E. Hillsborough Ave</b>	83	84 City <b>Tampa, FL</b>	85 Zip Code <b>33610</b>
81 Name <b>Coffill, John</b>						
82 Street Address (P.O. Box Number is Not Acceptable) <b>7439 E. Hillsborough Ave</b>						
83						
84 City <b>Tampa, FL</b>						
85 Zip Code <b>33610</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>VALVERDE, DONALD</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4107 SALTWATER BLVD.</b>	CITY- ST- ZIP <b>TAMPA FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE <b>VP</b>	NAME <b>COFFILL, JOHN</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>333 FOX RIDGE CIR.</b>	CITY- ST- ZIP <b>TAMPA FL</b>	2.2 NAME <b>Coffill, John</b>	
		2.3 STREET ADDRESS <b>3336 Foxridge Circle</b>	
		2.4 CITY- ST- ZIP <b>Tampa, FL 33618</b>	
TITLE <b>VPO</b>	NAME <b>OTTE, MARSHA A.</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>945 SEDDON COVE WAY</b>	CITY- ST- ZIP <b>TAMPA FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE <b>SD</b>	NAME <b>DREW, MITCH</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>215 DELTA CIRCLE</b>	CITY- ST- ZIP <b>TAMPA FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>FOSTER, FRANK</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8 BROOK LANE</b>	CITY- ST- ZIP <b>LAKE LAND FL 33803</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE <b>TD</b>	NAME <b>DREW, EVERITT</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>215 DELTA CIR.</b>	CITY- ST- ZIP <b>TAMPA FL</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/26/97** DAYTIME PHONE #: **813 621-0079**

CFR2E034 (9/96)