

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000055031 (7)

1. Corporation Name

ALEX'S PLACE OF FORT LAUDERDALE, INC.

FILED

95 JUL 19 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
1921 S. FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33316

Mailing Address  
1921 S. FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/05/1993                                                                                                                   | 3a. Date of Last Report<br>06/14/1994 |
| 4. FEI Number<br>65-0431050                                                                                                                                       | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                      |                                                                                                            |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

METROVICH, ALEX W  
1921 S. FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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

*Alex W. Metrovich*  
Signature, typed or printed name of registered agent and title if applicable.

ALEX W. METROVICH, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

7/13/95  
DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D, P                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | METROVICH, ALEX W         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3020 NORTH CENTER AVENUE  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33308  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | P                         | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETER METROVICH           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3020 NORTH CENTER AVENUE  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FORT LAUDERDALE, FL 33308 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 6.4 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 110.07(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:

*Alex W. Metrovich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX W. METROVICH

7/13/95

305-943-2288  
Daytime Phone #

CR2E034 (3/95)