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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000055031

ALEX'S PLACE OF FORT LAUDERDALE, INC.

Princ	cip	ai Piac	e or	Bus	iness	
1921	S.	FEDER	RAL F	fiGH	WAY	
FORT	1	AHDER	DAL F	FI	33316	

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90029 050 ***150.00



921 S. FEDERAL HIGHWAY FORT LAUDERDALE FL 33316		1921 S. FEDERAL HIGHWAY FORT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE				
					<u> </u>	Date Incorporated or Qualifed 08/05/1993		
Principal Place of Business	2a	, Mailing Address		•	4.	FEI Number	L	Applied For
1	26					65-0431050	L	Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5	Certificate of Status Desired		75 Additional ee Required
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country 29	Zip Country		8.	This corporation owes the current year Interpretation of the Personal Property Tax.	angible Yes	46_	
9. Name and	10. Name and Address of New Registered Agent							
METROVICH, ALEX			81 82		ss (P	P.O. Box Number is Not Acceptable)		
1921 S. FEDERAL					•			
FORT LAUDERDAL	E FL 33316		83					
			84	- "		FL	85	Zip Code
office or registered agent.	or both, in the State of Florid	07⊹1508,≑Florida Statutes, the e da. Such change was authorize , Section 607.0505, Florida Stat	d by	the corporation	ration 's bo	nisubmits this statement for the purpose of pard of directors. I hereby accept the appoin	changi ntment	ng its registered as registered

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE ☐ Change ☐ Addition 1,1 TITLE TITLE METROVICH, PETER NAME 3020 NORTH CENTER AVE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE ште 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MRAIEX W. METROVICH 4.19-99 (954) 764-7664