## 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

## P9400006950 DOCUMENT # 1. Corporation Name

ALEKSICH, INC.

| Principal Place of Business | Mailing Address           |
|-----------------------------|---------------------------|
| 1013 36TH                   | ALEKSICH INC              |
| EDGEWATER FL 32170          | P.O. BOX 2651             |
| us                          | NEW SMYRNA BEACH FL 32170 |

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90085 021 \*\*\*150.00

|   | .,  |                   |   |   |  |   |            |   |  |                                     |  |
|---|---|-------------------|---|---|--|---|------------|---|--|-------------------------------------|--|
| Principal Place   | e of Business   | Mai               | iling Address   |   |  |   |            |   | <b>88</b> 111 <b>85</b> 111 8 <b>3</b> |                                     | WILLIA WELL TO BE                      |
| 1013 36TH   |   | ALEI              | KSICH INC   |   |  |   |            |   |  |                                     |  |
| EDGEWATER FL  | _ 32170   |                   | BOX 2651  |   |  |   | į          | DO NOT WRITE  | IN THIS S                              | SPACE                               |  |
| us  |   | NEW<br>US         | SMYRNA BEACH FL   | 32170   |  |   |            | Date Incorporated or Qualifed   |  | 317102                              |  |
| ļ   |   | US                |   |   |  |   |            | 01/18/1994  |  |                                     |  |
| 2 Principal Pl  | lace of Business  |                   | Mailing Address   |   | -  |   |            | 4. FEI Number   |  | A                                   | oplied For                             |
| 21  | add of Dustiess   | 26                |   |   |  |   |            | 59-3222381  |  | No                                  | ot Applicable                          |
| Suite, Apt.   | #, etc.   |                   | Suite, Apt. #, etc.   | _   |  |   |            |   |  |                                     | Additional                             |
| 22  |   | 27                |   |   |  |   |            | 5. Certificate of Status Desired  | <u></u>                                | Fee R                               | equired                                |
| City & State  | e   |                   | City & State  | -   |  |   |            | 6. Election Campaign Financing  |  |                                     | May Be                                 |
| 23  |   | 28                |   |   |  |   |            | Trust Fund Contribution   |  |                                     | to Fees                                |
| Zip   | Country   |                   | Zip   | $\overline{}$   | untry  |   |            | 8. This corporation owes the current  | it year Inta                           | ngible<br>□ Yes                     | ØNo                                    |
| 24  | 25  | 29                | <del></del>   | 30  |  |   |            | Personal Property Tax.  10. Name and Address of New Re                              | nictored A                             |                                     | ZHVU                                   |
|   | 9. Name and Address of Curre  | ent Regist        | ered Agent  |   | 81   | Name  |            | 10. Name and Address of New Ke  | gistered A                             | 96111                               |  |
| HICK  | KEY, HAL  |                   |   |   |  |   |            |   |  |                                     |  |
|   | SEQUOIA DR  |                   |   |   | 82   | Street /  | Addres     | ss (P.O. Box Number is Not Acceptab   | le)                                    |                                     |  |
|   | T ORANGE FL 33127   |                   |   |   | 83   |   |            |   | -                                      |                                     |  |
| 1011  | TOTALICE TE OUIZ  |                   |   |   |  | 1   |            |   |  |                                     |  |
|   |   |                   | •   |   | 84   | City  |            | ·   | FL                                     | 85 Zip                              | Code                                   |
| l office or n   | to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig | e of Florida      | a. Such change was :  | authorize   | a by   | тпе согос   | corpoi     | ration submits this statement for the pi<br>o's board of directors. I hereby accept | urpose of o<br>the appoin              | hanging its<br>tment as re          | s registered<br>egistered              |
| •   |   |                   |   | _   |  |   |            |   |  | <u> </u>                            |  |
| SIGNATURE   | Signature, typed or printed name of registered ag   | gent and title if | f applicable. (NOT  | E: Registere  | d Agen   |   | required v | when reinstating)   | DATE CERS AND                          | DIRECT                              | DDS IN 12                              |
| SIGNATURE   | OFFICERS A  | gent and title if | applicable. (NOT  | E: Registere  | ed Agen  |   | required v | when reinstating) ADDITIONS/CHANGES TO OFFI   |  |                                     |  |
| SIGNATURE 12. TITLE   | OFFICERS A  | gent and title if | f applicable. (NOT  | E: Registere<br>13.   | Agen   |   |            | ADDITIONS/CHANGES TO OFFI   | CERS AN                                | DIRECTO                             | ORS IN 12                              |
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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 rustee 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 for on agrattachment with an address, with all other like empowered.