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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

Salita, April 9, data 20	1. Corporation	Name	00012210 (8)				
1388 TABBEFOREST DR	ALEX	LIN, INC.						
DELTOMA FL 32788 DELTOMA FL 32788 SERIOR FLOW FLOW FLOW FLOW FLOW FLOW FLOW FLOW	Principal Place	of Business	Mailing Address			··· I INDALENTA NIO INDIA DEGLE NI)(0 14601 14041 0011 1401
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1388 TIMBERCREST DR. DELTONA FL 32738 84 City FL 85 Proceds 144 City FL 85 Proceds 155 Proceds 156 Proceds Stabules (Florida Stabules		g, Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New H	egistereo Agent	
STATE Description Descri				82	Street Add	iress (P.O. Box Number is Not Acceptab	4e)	
Bet City FL Bs Zep Code				83	,			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statuties, the above, named conjugation is suitable, this statement for the purpose of clearging like registered office or ongoistered agent, or both, in the State of Fiorida, Such change was without only to the corporation's bloard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuties SIGNATURE				84	City		 [85]	Zip Code
SIGNATURE	or registere	ed agent, or both, in the State of Floric	la. Such change was authorized	the above by the corp	named corpo poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appe	pose of changing its	s registered office ed agent. I am
13	SIGNATURE _							
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1388 TIMBERCREST DR.	·			and the second	···· I · ·			
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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			No. 100 No. 10					

carring that the minormation indicated on this annual report or supplemental annual report is rule and exactlet and that my signature shall have the same legal effect as it made undo only that I am an officer or director of the corporation or the receiver or trucke 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. Alax FOSTER 1-12-96 1-407-275-6786
ADDRECTOR

DEPOSITE R

DEPOSITE