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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000069454	(4)
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## ALEXANDER CONSULTING GROUP, INC.

## **FILED** Apr 21 1997 8:00am Secretary of State



Principal Place 15400 SW 47 5 MIAMI FL 3318	ST .	Mailing Address 15400 SW 47 8T MIAMI FL 33185-4455	·			
	-				3. Date incorporated or Qualified	
6 Original Di	loos of Dusiness	2a. Mailing Address		<del></del>	09/19/1994 4. FEI Number	03/05/1996
2. Principal P	lace of Business	26. Waning Address			65-0522145	Applied For Not Applicable
Suile, Apt.	#, etc	Suite, Apt. #, etc.				¢0.75
22		27			5. Certificate of Status Desired	Fee Required
City & State City & State			<del></del>	6. Election Campaign Financing	\$5.00 May Be	
23		28	1 0-		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip <b>29</b>	30	intry	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,
24	9. Name and Address of Cu		[30]	I	10. Name and Address of New R	
ALF	XANDER. FEORGE H			81 Name	- d- C	i L
	00 SW 47 ST			82 Street Addr	ess (P.O. Box Number is Not Accepta	able)
	MI FL 33185			Sarr		
1				83 Sarr		
				84 City	T	85 Zip Code
<u></u>				Sarr		FL   Saure
11. Pursuant I	to the provisions of Sections 607.	0502 and 607,1508, Florida Statutate of Florida, Such change was	utes, the a	bove-named corp d by the corporat	poration submits this statement for the	purpose of changing its registered ept the appointment as registered
agent La	m familiar with, and accept the of	bligations of, Section 607.0505, F	lorida Sta	tutes.	ion's board of directors. I hereby acce	
SIGNATURE	Signature, typed or printed name of registered	d name and title d portionals (AlC	TE Beginlere	d Agent signature requir	and when reinstating)	DATE
12.		AND DIRECTORS	13.	o Agent algridate regar	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 T	TLE		Change Addition
NAME	ALEXANDER, GEORGE H		1.2 N	AME		1
STREET ADDRESS	15400 SW 47 ST		1.3 \$	TREET ADDRESS		l l
CITY+ST-ZIP	MIAMI FL 33185		140	ITY-ST-ZIP		
TITLE		DELETE	21 T	TLE		Change Addition
NAME			2.2 N	ame		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		I Delete		CITY-ST-ZIP		Choose Addition
TITLE		☐ DELETE	3.1 T	ľ		Change Addition
NAMF Name (			3.2 N			
STREET ADDRESS			1	TREET ADDRESS		
CITY-ST-ZiP TITLE		DELETE	4.1 T	TLF	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.21	1	·	
STREET ADDRESS				TREET ADDRESS		
CITY-S1-ZIP				ITY-ST-ZIP		
TITLE		DELETE	5.1 T			Change Addition
NAME			52 N	AME		
STREET ADDRESS			1	TREET ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP		
TITLE		DELETE	6.1 7			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY - \$1 - ZIP			6.4 C	ITY-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(3Xi), 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:

(305) 226 8897

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