

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000037103 (5)

1. Corporation Name

ALEXANDRA SCOTT, INC.



Principal Place of Business

2720 NE 8 AVE  
UNIT 7  
WILTON MANORS FL 33334

Mailing Address

2720 NE 8 AVE  
UNIT 7  
WILTON MANORS FL 33334

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2720 NE 8 AVE

22 City & State

27 UNIT 4

23 Zip

Country

28 WILTON MANORS FL

24 Zip

Country

29 33334

30 USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCOTT, ALEXANDRA  
2720 NE 8 AVE  
UNIT 7  
WILTON MANORS FL 33334

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
SCOTT, ALEXANDRA  
2720 NE 8 AVE UNIT 7  
WILTON MANORS FL 33334

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

STREET ADDRESS

2.2 NAME

CITY - ST - ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

3.1 TITLE

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.4 CITY - ST - ZIP

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 119.07(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 or changed, or on an attachment with an address.

SIGNATURE:

ROBERT SANTORELLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

Date

2/13/96 (954) 568 0393  
Daytime Phone #

CR2E034 (12/95)