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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077395 (8)

ALX OF FT. WALTON BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address	
11 NE YACHT CLUB DR F7 WALTON BEACH FL 32547	11 NE YACHT CLUB DR FT WALTON BEACH FL 32547	

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

10/02/1995

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 59-3404652

24	[25]	[29]	30				Personal Property Tax due			U No	
	9. Name and Address of	f Current Registered Age	at				10. Name and Address of New	w Registered	Agent		
CAMPBELL, JAMES C 909 MAR WALT DR SUITE 1024			81 82								
FT WALTON BEACH FL 32547											
				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 registured agent and bits it applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFIC	ERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	PRS IN 12	
TITLE	7		DELETE	1.1 TITLE		T			Change	☐ Addition	
NAME	triliegi, Bruno		1	1.2 NAME							
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City-St-ZiP	FT WALTON BEACH F	L 32547		1.4 CITY-S	T-ZIP	1				ļ	
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NAME CYPETY ADDRESS			I	2 NAME	• 0000000	. }				ì	
STREET ADDRESS				3 STREET		1				ł	
City-St-ZiP	ertify that the information en-	ording with this filing dose n		exemple		led in Se	ction 119 07(3)(i) Florida Statut	es I further ce	rtify that th	e information	
14. Thereby certify that the information supplied with this fling 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 people in the same legal effect as if made under oath; that I am an officer or director of the corporation or the recommender or trustee amprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if spanning or on arrallachment with an address.											

Country