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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CITY-ST-ZiF

DOCUMENT # P9600002420 (3)

ALEXANDER ENTERTAINMENT, INC.

Principal Piace of Business Mailing Address 1540 CULF BLVD: 1540 OULF BLVD. SUITE 2002 -OUITE 2002 CLEARWATER BEACH FL 34630 CLEARWATER BEACH FL 84820-2004 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address. Applied For leveland St. 59-3356837 600 Not Applicable \$8.75 Additional E. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution B. This corporation has liability for intangible tax under s. 199.032, USA 🗌 Yes 🔲 No Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALEXANDER, PETER N 1540 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 2002 83 **CLEARWATER BEACH FL 34630** R4 City Zip Code Sections 60 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the Shite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered hope of the obligations of Section 607,0505, Florida Statutes. Pursuant to the provisions of office or registered agent or SIGNATURE (NOTE: Registered Agent aignature regulaed when reinstating) of registered agent and title 4 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change THUE 11 TITLE ALEXANDER, PETER N 12 NAME NAME 1540 GULF BLVD., SUITE 2002 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER BEACH FL 34630** CHTY-ST-ZIF 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TOTALE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TOUR NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C-TY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C-TY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 City-St-ZiP CHY-ST-ZIP Addition DELETE 6.1 TITLE Change THILE 62 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-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(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 received or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name