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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002420 (3)

FILED Feb 26 1998 8:00am Secretary of State

1. Corporation		-		The second of th
ALEXAN	nder entertainment, in	C.		
Principal Place	n of Rusiness	Mailing Address		
600 CLEVELA		600 CLEVELAND ST.		
400	110 GT.	400		
	BEACH FL 34630	CLEARWATER BEACH FL	34630	DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
2 Principal Pl	lace of Business	2a. Mailing Address	· · - <u> </u>	01/09/1996 4. FEI Number Applied For
21	acc of dusiness	26		- 29 3356831 59 - 335 - 6832 Not Applied Por
Suite, Apt	#, etc.	Suite, Apt. #, etc.		SQ 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
A1 E	EXANDER, PETER N	Triogramme Program	81 Name	10. Hamo dila Radissas et Han Hogistales Again
	IO GULF BLVD.			
SUITE 2002			82 Street Add	fress (P.O. Box Number is Not Acceptable)
	EARWATER BEACH FL 34630		83	
	DANNAL BEACHTE GACO		04 000	
			84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 rind 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose of changing its registere
office or ri	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607,0505, Flo	iuthorized by the corpora irida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE.				
	Signature, typed or printed name of roge tired agre		Hogistered Agent signature requi	
12.	OFFICERS AND	D DIRECTORS DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME	ALEXANDER, PETER N	L) bittle	1.2 NAME	Cushile C Month
STREET ADORESS	1540 GULF BLVD., SUITE 200	no	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL 346		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 1/TLE	Change Additi
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-S1-ZIP	 		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP		Florita	3.4. CITY-ST-ZIP	□ (A) □ (A)
TITLE		T DETEAT	4.1 TITLE	Change 🔲 Additi
NAME OVERT ADDRESS			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-S1-ZIP TITLE		DELETE	4.4 CITY-\$1-ZIP 5.1 TITLE	☐ Change ☐ Addith
NAME		المناه المناه	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CiTY-ST-ZiP	
TITLE		DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u> </u>
dd I basabus	cortile that the information constinut un	itt. this films stoop not qualify to	a Alice and a second to a second to	Section 110 07/27/i) Floride Statutes I further partifulthat the information

14. I hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental 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 attack incoming with an address.

SIGNATURE:

TUNE AND TYPED DIFFRINTED NAME OF BIGNING OFFICER OF DIRECTO

2-19-98

Dayling Phone # 04940