


NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09, 1999 8:00 am
Secretary of State
09-09-1999 90003 038 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000008921**
Corporation Name
BLAKE ALEXANDER, INC.

Principal Place of Business
**1004 OPAL CREEK DR
LAUDERDALE FL 33331**

Mailing Address
**16004 OPAL CREEK DR
FT LAUDERDALE FL 33331**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1996

4. FEI Number
65-0641115

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip
25

Country
29

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent
**CONSTANTINIDES, PAMELA J
16004 OPAL CREEK DR
FT LAUDERDALE FL 33331**

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

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.

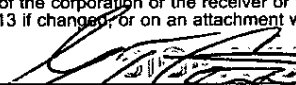
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP CONSTANTINIDES, GEORGE T 16004 OPAL CREEK DR FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S CONSTANTINIDES, PAMELA J 16004 OPAL CREEK DR. FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 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:  **9/1/99** **954-384-9071**

CR2E034 (5/99)

Blake Alexander, Inc.
16004 Opal Creek Drive
Ft. Lauderdale, Florida 33331
(954) 389-9071

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613856-90003

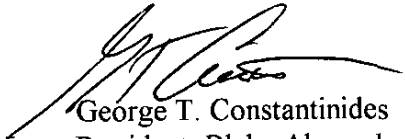
September 1, 1999

Director Annual Report Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I am requesting consideration to pay my 1999 Profit Corporation Annual Report fee of \$150.00 and \$8.75 for Certificate of Status. I am the president and director of the Blake Alexander, Inc. On November 13, 1998, I was seriously injured and required an operation for a torn rotator cuff and four months of therapy for two disc herniations. I am still under my doctors' care and use medication management to control the pain from the herniated disc. I do not recall receiving my first notice of 1999 Profit Corporation Annual Report fee and upon receiving my second notice with the large fee, I was truly upset. I started my corporation in 1996 for youth activities at the Broward Recreation Department and now assist other nonprofit organizations. I have always submitted my yearly Profit Corporation Annual Report on time and request consideration in paying the fee of \$150.00 and \$8.75 for Certificate of Status. Thank you.

Sincerely,



George T. Constantinides
President, Blake Alexander, Inc