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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000016139 (3)

MARGARET ALEXANDER, P.A.

Principal Place of Business Mailing Address 420 OAK HARBOUR LANE 420 OAK HARBOUR LANE SUITE 205 SUITE 205 DESTIN FL 32541 DESTIN FL 32541

2a. Mailing Address

Suite, Apt. #, etc.

**FILED** Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 02/13/1996

59-3429740

5. Certificate of Status Desired

4. FEI Number

<u>   22  </u>		27							10011	equired
City & S	itate	— `	City & State				6. Election Campaign Financing			May Be
Zip	Country	28 Zin		Country	<del>.                                    </del>		Trust Fund Contribution	<u> </u>		to Fees
				Country	,		8. This corporation owes or has paid	-		tangible 7 No
24	25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 3 10. Name and Address of New Req			
ALEXANDER, MARGARET						ame	To: Name and Address of them rieg	JULIEU F	gent	
420 OAK HARBOUR LANE										<u> </u>
SUITE 205					82 Street Address (P.O. Box Number is Not Acceptable)					
DESTIN FL 32541					-					
02041										
				84	Ci	ty		FL	85 Zip	Code
11. Pursua	nt to the provisions of Sections 607 050	2 and 607 1508	Fiorida Statutes	the above	L n-na	med comora	ation submits this statement for the nu		changing i	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 reinstaling)  DATE										
12.	OFFICERS AND DIRECTORS 13						ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 12
TITLE	D	D DELETE							Change	Addition
NAME	ALEXANDER, MARGARET			1,2 NAME						
STREET ADDRES					ADDR	RESS				
CITY-ST-ZIP	DESTIN FL 32541				T-ZIP	. ]				
TITLE			DELETE	2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRES	s			2.3 STREET	ADDA	iess (				
CITY-ST-ZIP				2. 4 CITY - S	57 - ZIF	_		<u> </u>		
TITLE			DELETE	3.1 TITLE					Change	Addition .
NAME				3.2 NAME		Į				
STREET ADDRES	s			3.3 STREET	ADDR	ess				
CITY-ST-ZIP				3.4. CITY-\$	T - ZIF	·				
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRES	s			4.3 STREET	ADDR	ess				
CITY-ST-ZIP				4.4 CITY - ST	T-ZIP					
TITLE			DELETE	5.1 TITLE			<u> </u>	T	Change	☐ Addition
NAME				5.2 NAME		ĺ				
STREET ADDRES	s			5.3 STREET	ADDR	ESS				
CITY-ST-ZIP				5.4 CITY-ST	T-ZIP					
TITLE		[	DELETE	6.1 TITLE		ļ		L	Change	Addition
NAME				6.2 NAME						
STREET ADDRES	s			6.3 STREET /	ADDRI	ess				
CITY - ST - ZIP				6.4 CITY-ST						
14. I hereb	y certify that the information supplied wi	th this filing does	s not qualify for t	he exempt	tion :	stated in Sec	ction 119.07(3)(i), Florida Statutes. I fu	rther cert	ify 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: 7