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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Sep 02 1997 8:00am

Secretary of State

## DOCUMENT # P96000069828 (7)

## **ALEXCHRIS FLORIDA CORPORATION**

Principal Place of Business Mailing Address						lden n							
•					IV.	Mailing Address						I TO STATE OF THE	
C/O BAILEY & JONES 300 COURVOISIER CENTRE. 501 BRICKELL KEY MIAMI FL 33131-2623				30	C/O BAILEY & JONES 300 COURVOISIER CENTRE. 501 BRICKELL KEY MIAMI FL 33131					L KEY			
												3, Date Incorporated or Qualified 3a, Date of Last Report 08/21/1996	
_	Principal Pla	ace of Busir	ness		2a.	2a. Mailing Address						4. FEI Number Applied For	
21					26	- <del> </del>						65-0708253 Not Applicable	
22	Suite, Apt. #, etc.				27	Suite, Apt. #, etc.						5. Certificate of Status Desired See Required Fee Required	
	City & State				City & State						Election Campaign Financing \$5.00 May Be		
23				28	28						Trust Fund Contribution Added to Fees		
Ь	Zip	Country			$\perp$	Zip Country				ry		8. This corporation has liability for intangible tax under s. 199.032,	
24			25	29 30 30 dress of Current Registered Agent				0			Florida Statutes Yes No		
		g, Name	and Addre	ss of Curre	ent Regis	tered Ag	gent					10. Name and Address of New Registered Agent	
	CRO	NIG, STEV	'EN C						B1	1	Name		
C/O BAILEY & JONES									82	2	Street Addre	treet Address (P.O. Box Number is Not Acceptable)	
300 COURVOISIER CENTRE, 501 BRI				BRICKEL	CKELL KEY				L				
	MAIM	AI FL 3313	1-2623						83	3			
									84	4	City	85 Zip Code	
				'/	$\leq$						•	<b>▶</b> • <b>!</b>	
11	<ul> <li>Pursuant to office or re agent. I an</li> </ul>	o th <b>e provis</b> egiste <del>red eg</del> n familiar wi	ions of \$\( \c) ont, or \( \c) th, any \( \c)	ions 697.05 in Tie Stat ept/the obli	502 and 6 te of Flori gations o	07.1508, da. Such f, Section	Florida chango n 607.05	Statutes was aut 05, Florid	, the above thorized backet da Statute	ve-r by t	named corpo he corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	GNATURE (	Signature, typed	40		1	of approache	_					ed when reinstating) DA1E	
12				FFICERS	ND DIREC		<del></del>	(NCALE: 1	13.	you	alguardie regorie	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT		HAC /	·				<b>□ d</b> ii	T£	1.1 TITLE		Pı	resident \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NA	ME	KEL, KUP	RT W	,					1.2 NAME			ackel, Kurt W.	
STI	REET ADDRESS		RVOISIER	CENTER.	501 BR	ICKELL	DRIVE		1.3 STREE			00 Courvoisier Center,501 Brickel	
	Y-\$T-ZIP		33131-26		00.0		J		1.4 CITY -		ZIP Mi	iami, Florida 33131-2623 Key Dr.	
TIT		1118 8110 1 4					DELE	TE	2.1 T(TLE	• •		Change Addition	
NA	ME								2.2 NAME				
	REET ADDRESS								2.3 STREE		DORESS		
	Y-ST-ZIP								2. 4 CITY				
TIT							DELE	1E	3.1 TITLE			Change Addition	
NA	ME								3.2 NAME				
ST	REET ADDRESS								3.3 STREE		DDRESS	+	
cn	Y-ST-ZIP								3.4. CITY-				
TIT							DELE	TE.	4.1 TITLE			Change Addition	
NA	ME								4.2 NAME	E			
STE	EET ADDRESS								4.3 STREE	T AC	DRESS		
CIT	Y-ST-ZIP								4.4 CITY-		}		
TIT							DELE	İĒ	5.1 TITLE			Change Addition	
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	REET ADDRESS								5.3 STREE 5.4 CITY-	T AC			
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ÇIT	REET ADDRESS Y-ST-ZIP LE	. <u> </u>				I	DELE	TE	5.4 CITY-	T AE ST-		Change Addition	

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 supplymental 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 of the receiver ir trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name