

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90021 023 ***150.00

0672495

DOCUMENT # P96000069828

1. Corporation Name

ALEXCHRIS FLORIDA CORPORATION

Principal Place of Business

C/O BAILEY & JONES
300 COURVOISIER CENTRE, 501 BRICKELL KEY
MIAMI FL 33131-2623

Mailing Address

C/O BAILEY & JONES
300 COURVOISIER CENTRE, 501 BRICKELL KEY
MIAMI FL 33131-2623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number

65-0708253

Applied For

Not Applicable

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 Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRONIG, STEVEN C

C/O BAILEY & JONES

300 COURVOISIER CENTRE, 501 BRICKELL KEY
MIAMI FL 33131-2623

81 Name

CRONIG, STEVEN C.

82 Street Address (P.O. Box Number is Not Acceptable)

501 BRICKELL DRIVE

83 # 301

84 City MIAMI

FL

85 Zip Code 33131

11. 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.

STEVEN C. CRONIG

(NOTE: Registered Agent signature required when reinstating)

1/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HACKEL, KURT W
STREET ADDRESS 300 COURVOISIER CENTER, 501 BRICKELL DRIVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME HACKEL, KURT W.
1.3 STREET ADDRESS 501 BRICKELL KEY DRIVE # 301
1.4 CITY-ST-ZIP MIAMI FL 33131

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT W. HACKEL

1/5/99

Date

305-371-0077

Daytime Phone #

CR2E034 (11/98)