Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90021 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069828

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ALEXCHRIS FLORIDA CORPORATION									
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Principal Place of Business Mailing Address C/O BAILEY & JONES C/O BAILEY & JONES									
C/O BAILEY & JONES 300 COURVOISIER CENTRE, 501 BRICKELL KEY 300 COURVOISIER CENTRE.				501 BRICKELL KEY					
MIAMI FL 33131-2623 MIAMI FL 33131-2623						TE IN THIS SP	ACE		
						orated or Qualifed			ł
0 D : D	to a d Divisional	2a. Mailing	Address		08/21/19 4. FEI Numbe			Anni	ied For
	lace of Business	26 Maining	Address		65-07082			_ 	Applicable
Suite, Apt.	#. etc.		pt. #, etc.					\$8.75 Ad	
22	,	27			5. Certificate o	f Status Desired		Fee Req	uìred
City & State	e	City & S	State		6. Election Ca	mpaign Financing		\$5.00 N	lay Be
23		28			Trust Fund	Contribution		Added to	Fees
Zip	Country	Zip	_	Country		ation owes the curr			"]a.i.
24	25	29		<u> </u>		roperty Tax.]No
	9. Name and Address of Curre	nt Registered Ag	jent	81 Name	10. Name and	Address of New F	tegistered Ag	ent	
CRO	NIG, STEVEN C			CR		TEVEN	<u>C.</u>		
— C/O BAILEY & JONES —				82 Street	Address (P.O. Box Nur		able)		
1300 COURVOISIER CENTRE, 501 BRICKELL KEY				83 "	BRICKELL	DRIVE			
MIAN	WI FL 33131-2623			# 3	<u> </u>			1	
				84 City	IAMI		FL	331	de 3
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508.	Florida Statutes	, the above-named	corporation submits thi	s statement for the		anging its re	gistered
office or n	to the provisions of Seguions 607 05 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida, Such	change was auth 607 0505. Florid	norized by the corpo a Statutes.	oration's board of direct	tors. I hereby accep	ot the appointm	ent as regi	stered
agent. I a	in tarrillar with, and looses the cong.	2, 000.01	001.00001.10.10	o o			//		
CICNIATURE		/ /					1/5/99		
SIGNATURE		ent and title if applicable.	STEVEN	1 C. CRON egistered Agent signature re	equired when reinstating)		1/5/99 DATE		
12.		ent and title if applicable. ND DIRECTORS	STEVE A	LC, CRON egistered Agent signature re	aquired when reinstating) ADDITIONS	CHANGES TO OF	DATE FICERS AND	DIRECTOR	S IN 12
12.	P OFFICERS AI		STEVEN	C. CRON egistered Agent signature re 13. 1.1 TITLE	AG addition when reinstating) ADDITIONS/ HACKEL	CHANGES TO OF	PICERS AND	DIRECTOR Change	S IN 12
12. TITLE NAME	P HACKEL, KURT W	ND DIRECTORS	STEVEA (NOTE: R	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME	AG addition when reinstating) ADDITIONS/ HACKEL	CHANGES TO OF	PICERS AND	DIRECTOR Change	S IN 12
12. TITLE NAME STREET ADDRESS	P HACKEL, KURT W 300 COURVOISIER CENTER, S	ND DIRECTORS	STEVEA (NOTE: R	egistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	AG aquived when reinstating) ADDITIONS/ HACKEL, 501 BRIC	CHANGES TO OF KURT W. KELL KE	PICERS AND I	DIRECTOR Change	S IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HACKEL, KURT W	ND DIRECTORS 501 BRICKELL I	STEVE A (NOTE: RI	agistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	AG addition when reinstating) ADDITIONS/ HACKEL	CHANGES TO OF KURT W. KELL KE	MODERS AND INCERS AND	DIRECTOR Change	S IN 12
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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 an attachment with an oddress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

305-371-0077