04-23-1999 90186 050 ***150.00

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

Mailing Address

7491 CONROY-WINDERMERE ROAD

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 7491 CONROY-WINDERMERE ROAD



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073039

ALEXANDER PROFESSIONAL ASSOCIATION

SUITE I SUITE I					BO NOT INDITE IN THIS SPACE				
ORLANDO FL 32835 ORLANDO FL 32835						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		}	
						08/29/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For	
21	1 26					59-3409542		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
22 27						197 Gel Illogie of Granda Desired	Fee Re	guired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
28 28				Trust Fund Contribution		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Inta			
24	25	29 30				Personal Property Tax.	Yes	X No_	
9. Name and Address of Current Registered Agent					<u>.</u>	10. Name and Address of New Registered	Agent		
					Name			1	
Alexander, Edward R JR.				82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)			
7491 CONROY-WINDERMERE ROAD									
Suite i				83	"			J	
ORLANDO FL 32835				_			85 Zip (
				84	City	FL	85 Zip (20de	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzed	by tr	named corporation	ration submits this statement for the purpose of o's board of directors. I hereby accept the appoint	changing its ntment as re	registered gistered	
}	It laminal with, and accept the obligance	5115 01, 0000011 007.0000, 1 101101	, 0.0.0	,					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered A	lgent s	signature required v	When reinstating) DATE		**	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TiTL	E			Change	Addition	
NAME	ALEXANDER, EDWARD R JR. 12			ΛE					
STREET ADDRESS				EET A	DORESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1.4 CIT	Y-ST-	ZIP				
TITLE			2.1 TITL				Change	☐ Addition	
NAME			2.2 NAM	ΝE	ļ			į	
STREET ADDRESS				REETA	DORESS	•		j	
CITY-ST-ZIP			2, 4 CIT	-			÷		
TITLE			3.1 TITL	_				Addition	
NAME	3:		3.2 NAME						
1000					NDDRESS			}	
CITY-ST-ZIP			3.4. CIT		1			}	
TITLE		☐ DELETE	4.1 TITL				Change	☐ Addition	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 truetee 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 all chapter with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Addition

☐ Addition

Change

(Change