SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085689 (3)

Jul 15 1998 8:00am Secretary of State

1. Corporate		0,000000	(0)		
MOFFE	T & <b>A</b> LEXANDER, P.A.				
	•				T (BORKEO) FIO LOTTE BIRLI BRILL BRILL BRILL BRILL BRILL BRILL BRILL BRILL FIRE FRANCES
Dringing Dt.	and Organization	A. W. A. I.			
i '	ce of Business	Mailing Addre			
1601 FORUM	PLACE	1601 FORUM F	LACE		
_	BEACH FL 33401	WEST PALM B	EACH FL 33401		DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					10/14/1996
	Place of Business	2a. Mailing Ad	dress		4. FEI Number Applied For
21		26	·		65-0706662 Not Applicable
Sulte Apt		Sujia Apt.			5. Certificate of Status Desired \$8.75 Additional
22 (00 3 City & Sta		27 603 Cily & Sta	<del></del>		Fee Required
23		28	ıe		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip		Country	Trust Fund Contribution Added to Fees
24	25	29	30	]	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre				10. Name and Address of New Registered Agent
ALE	XAN <b>DE</b> R. JEFFREY L			81 Nam	е
117	05 TURNSTONE DR			82 Stree	et Address (P.O. Box Number Is Not Acceptable)
WES	ST PALM BEACH FL 33414			02 0000	Address (1, O. Dox Mulliber is Not Acceptable)
				83	
				84 City	► 85 Zip Code
_	·		_		
11. Pursuan	at to the provisions of sections 607.05	02 and 607.1508, Flo	rida Statutes, th	e above-named	corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obli	gations of, section 60	7.0505, Florida	Statutes.	rporation's board or directors. Thereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE F	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE	
NAME	MOFFET, KENNETH W	L	DECETE	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	AN CHA LICONOLLA		Ī	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	33418		1.4 CITY-ST-ZIP	
TITLE	VSD		DELETE	2.1 TITLE	Change Addition
NAME	ALEXANDER, JEFFREY L			2.2 NAME	
STREET ADDRESS	11705 TURNSTONE DR			2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 3341	4		2.4 CITY-ST-ZIP	
TITLE			DELETE	3.1 TITLE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE NAME					
PUNNIC.			DELETE	4.1 TITLE	Change Addition
STREET ANDRESS			DELETE	4.2 NAME	
STREET ADDRESS			DELETE	4.2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
CITY-ST-ZIP			DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	
CITY-ST-ZIP TITLE			DELETE S	4.2 NAME 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition
CITY-ST-ZIP TITLE NAME			DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE S	4.2 NAME 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE :	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 8.1 TITLE	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 chapted or on an attachment with an address

SIGNATURE TO DELLE

M. Hexameler M. 4

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