

07271999-90021-008-\$150.00-\$150.00


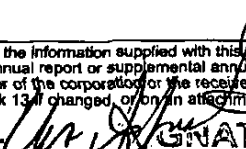
1999.

AMOUNT DUE ON OR BEFORE 8/13/99: \$300 (IF DISCOUNT, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90021 008 \*\*\*150.00

08-09-1999 90008 044 \*\*\*400.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000022641 V</b> 1. Corporation Name <b>ALEXANDRA'S ANTIQUE GALLERY, INC.</b>			
Principal Place of Business <b>2275 ATLANTIC BLVD.</b> <b>NEPTUNE BEACH FL 32266</b>		Mailing Address <b>2275 ATLANTIC BLVD.</b> <b>NEPTUNE BEACH FL 32266</b>	
2. Principal Place of Business 21 <input type="text"/> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 <input type="text"/> 25 <input type="text"/>		2a. Mailing Address 26 <input type="text"/> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 <input type="text"/> 30 <input type="text"/>	
3. Date Incorporated or Qualified <b>03/12/1997</b>		4. FEI Number <b>59-3431298</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
8. Name and Address of Current Registered Agent <b>SORRELL, MARY C ESQ.</b> <b>2275 ATLANTIC BLVD.</b> <b>NEPTUNE BEACH FL 32266</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>D KIMBALL, JANE</b> STREET ADDRESS <b>320 BROUGHTON ST.</b> CITY-ST-ZIP <b>SAVANNAH GA 31401</b> TITLE <input type="checkbox"/> DELETE NAME <b>D HIONIDES, CHRIS</b> STREET ADDRESS <b>2275 ATLANTIC BLVD.</b> CITY-ST-ZIP <b>NEPTUNE BEACH FL 32266</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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.			
SIGNATURE: 		SIGNATURE REQUIRED <b>7/9/99</b> (904) 241-1501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/99)