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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000039848 1. Corporation Name

ALEXANDER SPECIAL INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
2070 GROVE BLUFF ROAD	2070 GROVE BLUFF ROAD
JACKSONVILLE FL 32259	JACKSONVILLE FL 32259

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90017 040 ***150.00

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Principal Place	e of Business	Mailing Address	<u>———</u>				35,55 (1115 1615)		
2070 GROVE B	LUFF ROAD	2070 GROVE BLUFF RO							
JACKSONVILLE	FL 32259	JACKSONVILLE FL 3223	59			DO NOT WRITE IN	THIS SDACE		
						3. Date Incorporated or Qualifed	TINO SPACE		
						. 05/01/1997. —			_ ,
2 Dani- I D		2a. Mailing Address	·		<u> </u>	4. FEI Number		Annli	ed For
-	lace of Business	26. Walling Address				APPLIED FOR	 -		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7		ditional
— · · ·	m, 6to.	27				5. Certifcate of Status Desired		Requ	
22 City & State	Α	City & State				6. Election Campaign Financing	\$5.	00 м	av Be
23	-	28				Trust Fund Contribution		ed to I	- 1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y	rear Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes	Ę	No
2-71	9. Name and Address of Curren					10. Name and Address of New Regis	stered Agent		
				81 N	Name				}
	Kander, ira r			82 5	Di	ess (P.O. Box Number is Not Acceptable)			
2070	GROVE BLUFF ROAD			02	Street Addre	ss (P.O. Box Number is Not Acceptable)			
JACI	KSONVILLE FL 32259			83					
							leel :	7:+ C-	
				84 (City		FL 85 7	Zip Co	de
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	atutes, the a	bove-n	named corpo	pration submits this statement for the purp	ose of changin	g its re	egistered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change wa	is authorized	I DV IDE	e corporation	n's board of directors. I hereby accept the	e appointment a	s regis	stered
agent. i a	in laninar with, and accept the obliga	dons of, Section our boos,	i ionda otati	4100.					l l
									[
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (N	IOTE: Registered	Agent sig	ignature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (N	OTE: Registered	Agent sig	ignature required	when reinstating) CADDITIONS/CHANGES TO OFFICE		CTOR	
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12. TITLE NAME STREET ADDRESS	P IRA R ALEXANDER 2070 GROVE BLUFF RD	D DIRECTORS	13. 1.1 TC 1.2 NA 1.3 ST	TLE VME	DDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RS AND DIRE	_	Addition
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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 of an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE