

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000049662**

1. Corporation Name

ALEXANDER'S LAWN SERVICE, INC.

Principal Place of Business

275 SW 56 AVE #211  
MARGATE FL 33068

Mailing Address

275 SW 56 AVE #211  
MARGATE FL 33068

FILED

99 JUN 10 PM 12:17

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

65-0754644

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☒ Yes ☐ No

9. Name and Address of Current Registered Agent

 ALEXANDER, RUTH  
275 SW 56 AVE #211  
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ALEXANDER, YRONCE**  
CITY-ST-ZIP **275 SW 56 AVE #211**  
**MARGATE FL 33068**

 TITLE ☐ DELETE  
NAME **YRONCE Alexander**  
STREET ADDRESS **10970 Royal Palm coral springs**  
CITY-ST-ZIP **FL 33065**

 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition  
**400002905724--3**  
**-06/15/99--01095--017**  
**\*\*\*\*150.00 \*\*\*\*150.00**
☐ Change ☐ Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Telephone #