

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90047 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084865

1. Corporation Name

CUBEX COMPANY, INC.

Principal Place of Business

Mailing Address

~~7024 GW 21ST PLACE BAY D~~
~~DAVE FL 33317~~
~~7024 GW 21ST PLACE BAY D~~
~~DAVE FL 33317~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 228 HIBISCUS ST		26 228 HIBISCUS ST		10/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0786270	
City & State		City & State		Applied For	
23 JUPITER, FL		28 JUPITER, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33458		29 33458		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5.00 May Be Added to Fees	
MCDUFF, DOUGLAS A		81 Name NORMAN P. ALEXANDER		<input type="checkbox"/>	
2424 PONCE DE LEON BLVD		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/>	
SUITE 630		83		<input type="checkbox"/>	
CORAL GABLES FL 33104		84 City JUPITER		<input type="checkbox"/>	
		FL		<input type="checkbox"/>	
		85 Zip Code 33458		<input type="checkbox"/>	
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		6/5/99		DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NORMAN P	1.2 NAME	
STREET ADDRESS	441 W TROPICAL WAY	1.3 STREET ADDRESS	228 HIBISCUS ST.
CITY-ST-ZIP	PLANTATION FL 33347	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, CAROL J	2.2 NAME	
STREET ADDRESS	441 W TROPICAL WAY	2.3 STREET ADDRESS	228 HIBISCUS ST.
CITY-ST-ZIP	PLANTATION FL 33347	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (681)-748-2830

CR2E034 (11/98)