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

PROFIT . **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 📝

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P97000093934 (2)

STEVEN J. ALEXANDER, INC.

Principal Place of Business	Mailing Address	
886 NW 111 AVENUE PLANTATION FL \$3326	B96 NW 111 AVENUE PLANTATION FL 33326	

FILED Jul 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0791341 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9.4 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALEXANDER, STEVEN J 886 NW 111 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33326** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition □ DELETÉ ☐ Change TITLE 1.1 TITLE STEURN J. ALEXANDR. L CR2E034 NAME 1.2 NAME 886 NWILLAUR 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2 1 11TLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 THEF Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 900002583899 NAME 6.2 NAME -07/09/98--01018--026 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY - ST - ZIP

14. Thereby 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 suppliemental 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 artificial statutes.

CITY-ST-ZIP

409.98