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

OCUMENT # P98000027986

Xander Inc.

rincipal Place of Business

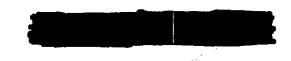
8949:SE Bridge Rd. PMB #298

Mailing Address

8949 SE Bridge Rd. PMB # 298

Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90002 004 ***550.00



DO NOT WRITE IN THIS SPACE

lobe So	und, FL 33455	Hobe Sou	ud, Fl	13	33455	3. Date Incorporate	d or Qualifed 3/25	198			
Principal Place of Business		2a, Mailing Address			4. FEI Number 65 - 08 2326/ Applied F					olied For Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of State	us Desired		\$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					•
Zip	Country Zip 29 3			intry		8. This corporation Personal Propert		-	ngible Ye		∑ No _
	9. Name and Address of Currer	nt Registered Agent				10. Name and Addr	ess of New I	Registered A	gent		
WILLIAMS, KAREN P 8949 SE Bridge Rd. PMB # 298 HOBE SOUND FL 33455				81 82 83	Name Street Add	ress (P.O. Box Number i	s Not Accept	able)			
				84	City	 _		FL	85	Zip C	ode
GNATURE SI	ignature, typed or printed name of registered agei			I Agent	signature require	ad when reinstating) ADDITIONS/CHAI	NGES TO OF	DATE FICERS AND) DIR	FCTO	RS IN 12
<u> </u>	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHAI	NGES TO OF	FICERS AND			Additio
LEET ADDRESS	lexander MENTOR 1949 SE Bridge Rd. PMB#248 Hobe Sound, FL 33455		1.2 N	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
Y-ST-ZIP .E .IE	VP Karen Menter-Willi	DELETE	2.1 TI 2.2 N	TLE AME					Ct	ange	Additio
Y-ST-ZIP	Hobe Sound, FL.	33455	2.4 C	ITY-SI	ADDRESS I-ZIP				□ CF		☐ Additio
.E. 4E	,	☐ OELETE	3,1 TI 3,2 N							lariye	[] Addiso
EET ADDRESS				TREET ITY-ST	ADDRESS I-ZIP						
E E		☐ DELETE	4.1 TI 4.2 N						급아	ange	Addition
EET ADDRESS				TREET.	ADDRESS						
'-ST-ZIP E 1E		DELETE	5.1 T/ 5.2 N/	TLE AME			· · · · · · · · · · · · · · · · · · ·		□ Cr	ange	Addition
EET ADDRESS -ST-ZIP			5.4 CI	TY-ST	ADDRESS - ZIP			·····			
E E		☐ DELETE	6.1 TO 6.2 No						□ Ct	ange	Additio
EET ADDRESS -ST-ZIP				TY-ST	ADDRESS ZIP						

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.

IGNATURE: