SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P98000077991

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90028 020 ***150.00

ALEXANDER OF S.W. FLORIDA, INC.										_
				_						į
Principal Place	e of Business	Mailing Address								
1422 S.E. 22NI		1422 S.E. 22ND STREET								
CAPE CORAL FL 33990 CAPE CORAL FL 33990						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				\neg
						09/04/1998				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For				_
21		26			65-08640	<u> 79 </u>	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22	<u> </u>	27			- ree Required					
City & State	ө	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23	- Country	Zip Country				Trust Fund Contribution		Adde	d to rees	\dashv
Zip	Country Zip		—	30		This corporation owes the curre Intangible Personal Property.	ntyear .	Yes	□No	
24	9. Name and Address of Curren		30	$\overline{}$		10. Name and Address of New Ro		-		\dashv
	5. Haille alla Address of Carrell	r registered Hyerir		81	Name					\neg
MAN	NZI, SALVATORE J				0	(D.O. Barrishan in Alas Assaulah	ula)			
142			82	Street Addre	ess (P.O. Box Number is Not Acceptat	л е)				
CAF	PE CORAL FL 33990			83						
				84	City		FL	. 85 Z	p Code	- 1
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-r	named corpora	ation submits this statement for the pur	pose of ch	nanging its	registered	_
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorize	id by t	ine corporatio	n's board of directors. I hereby accept	the appoi	ntment as	registered	
) •	ann iamiliai with and accept the oblige	1110113 01, 30011011 007.0000, 1 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (No	DTE: Registe	ered Ag	ent signature requi	red when reinstating)	DATE			⊣െഒ
12.		S AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFF	ICERS AN			CR2E034 (5/99)
TITLE	D			ITLE				Chang	e Additio	υ 4
NAME			1.2 N	_						18
STREET ADDRESS	1422 S.E. 22ND STREET		4		ADDRESS I					12
CITY-ST-ZIP	L CARE CORAL EL ANGON		- 1	TREET A						1 02
	CAPE CORAL FL 33990		1.4 C	ITY-ST-Z						
TITLE	D	DELETE	1.4 C 2.1 Ti	ITY-ST-I				Chang	e Additio	
TITLE NAME	D MANZI, VERONICA E	DELETE	1.4 C 2.1 Ti 2.2 N	ITY-ST-Z ITLE AME	ZIP			Chang	e Additio	
TITLE NAME STREET ADDRESS	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S	ITY-ST-Z ITLE AME TREET A	ZIP ADDRESS		· · · · · · · · · · · · · · · · · · ·	Chang	e Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANZI, VERONICA E		1.4 C 2.1 Ti 2.2 N 2.3 S ³ 2.4 C	ITY-ST-Z ITLE AME TREET A	ZIP ADDRESS					n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE	1.4 C 2.1 Ti 2.2 N 2.3 Si 2.4 C 3.1 Ti	ITY-ST-I ITLE AME TREET A ITY-ST-I	ZIP ADDRESS			Chang		n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Manzi, Veronica e 1422 s.e. 22ND Street		1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N	ITY-ST-ITLE AME TREET A ITY-ST-ITLE AME	ZIP ADDRESS ZIP					n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Manzi, Veronica e 1422 s.e. 22ND Street		1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si	ITY-ST-ITLE AME TREET A ITY-ST-ITLE AME	ZIP ADDRESS ZIP ADDRESS					n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manzi, Veronica e 1422 s.e. 22ND Street	☐ DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si	ITY-ST-Z ITLE AME TREET A ITLE ITLE AME TREET A	ZIP ADDRESS ZIP ADDRESS				e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Manzi, Veronica e 1422 s.e. 22ND Street		1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si 3.4 C	ITY-ST-J ITLE AME TREET A ITY-ST-J ITLE TREET A ITY-ST-J	ZIP ADDRESS ZIP ADDRESS			Chang	e Additío	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Manzi, Veronica e 1422 s.e. 22ND Street	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N	ITY-ST-I	ZIP ADDRESS ZIP ADDRESS			Chang	e Additío	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Manzi, Veronica e 1422 s.e. 22ND Street	☐ DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S'	ITY-ST-I	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS			Chang	e Additío	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Manzi, Veronica e 1422 s.e. 22ND Street	☐ DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S'	ITY-ST-Z ITLE AME TREET A ITY-ST-Z ITLE IAME ITY-ST-Z ITLE AME ITY-ST-Z ITLE AME ITREET A ITY-ST-Z ITLE AME	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS			Chang	e Additio	n o
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S'	ITY-ST-ZETLE AME TREET A HTY-ST-ZETLE ITHE HAME TREET A HTY-ST-ZETLE ITHE HAME TREET A HTY-ST-ZETLE HTY-ST-ZETLE	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 C	ITY-ST-J ITLE AME TREET A ITY-ST-J ITLE AME TREET A ITY-ST-J ITLE ITY-ST-J ITLE	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 C 5.1 Ti 5.2 N 5.3 S'	ITY-ST-J ITLE AME TREET A ITY-ST-J ITLE AME TREET A ITY-ST-J ITLE ITY-ST-J ITLE	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 C 5.1 Ti 5.2 N 5.3 S'	ITY-ST-: ITTLE AME ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE AME ITY-ST-: ITTLE ITTL	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 C 5.1 Ti 5.2 N 5.3 S' 5.4 C	ITY-ST-: ITTLE AME TREET A ITY-ST-: ITTLE AME TREET A ITY-ST-: ITTLE	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4.2 N 4.3 S' 4.4 C 5.1 T 5.2 N 5.3 S' 5.4 C 6.1 T 6.2 N	ITYST: TITLE AME TYPEET A ITYST: TITLE AME TREET A TITLE TREET A	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP			Chang	e Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Manzi, Veronica e 1422 s.e. 22ND Street	DELETE DELETE	1.4 C 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N. 3.3 S' 3.4 C 4.1 Ti 4.2 N. 4.3 S' 4.4 C 5.1 Ti 5.2 N. 5.3 S' 5.4 C 6.1 Ti 6.2 N. 6.3 S'	ITYST: TITLE AME TYPEET A ITYST: TITLE AME TREET A TITLE TREET A	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS			Chang	e Additio	n

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 3 if thanged, or on an attachment with an address.

SIGNATURE

Daytime Phone #



Cossentino & Orlando

Accountants 1402 Cape Coral Parkway Cape Coral, Florida 33904 (941) 945-4939 Fax (941) 945-4938

July 20, 1999

Florida Department of State Div. of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: ALEXANDER OF S.W. FLORIDA, INC. P98000077991

and free out to be the residence of the contract of the contra

Dear Ms. Brumbley:

I am the Accountant for the above-mentioned client. In March of 1999 we contacted the Department of State because my client did not receive their annual filing report. Apparently, for some reason, his annual report was sent back and we are not sure why, since the address was correct when we called Tallahassee.

The bureau said another blank form would be sent immediately before the May 1, 1999 due date. In late April of 1999 we again called and informed the Department of State that we have not received a blank form. Finally, we received a second notice on July 12, 1999.

We complained to the Department of State that, due to their error, we did not feel we were liable for the \$550.00 fee. I was advised to foward this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me. Thank you for your kind consideration herein.

TOTATO E PAR ELLE CONTROL DESCRIPTION PUR LA ARTERNA DESCRIPTION DE CONTROL CO

Very truly yours,

Salvatore Cossentino

SC/db