2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 08:00 AM DOCUMENT # P99000089075 **Secretary of State** 1. Entity Name ALEX DEVELOPMENT CORP. Principal Place of Business Mailing Address 500 LAKE AVENUE, SUITE 101 LAKE WORTH FL 33460 500 LAKE AVENUE, SUITE 101 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3605515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLICKMAN, GARRY M Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE, SUITE 1101 WEST PALM BEACH FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THILE ☐ Change Addition NAME OMER, ABRAHAM J STREET ADDRESS 500 LAKE AVENUE, SUITE 101 STREET ADDRESS U00000248422 LAKE WORTH FL 33460 CITY ST-7IP CITY - S1 - 7IP <u> 102/05-80011</u> Ω 19 150 m TITLE Delete 🔲 Change Addition NAME OMER, JOANN 500 LAKE AVENUE, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY ST-7IP THEF Delete [] Change Addition 7171E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7(P LITY-ST-7P mue ☐ Delete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP

12. 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

NAME OF SIGNING OFFICER OR DIRECTOR

for the anal accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

indicated on this report or supplemental report of the corporation or the receiver or trustee ex

changed, or on an attachment

SIGNATURE:

FILED