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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21255

(2)

1. Corporation Name

ALEXANDER'S RESTAURANT, INC.



Principal Place of Business

5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SUDERMANN, PAUL K
2821 SUNNYSIDE ST.
SARASOTA FL 34239

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SUDERMANN, PAUL K	
STREET ADDRESS	2821 SUNNYSIDE ST.	
CITY- ST- ZIP	SARASOTA FL	
TITLE	D	DELETE
NAME	MAGENTA, GARY	
STREET ADDRESS	4455 FRIAR TUCK LN	
CITY- ST- ZIP	SARASOTA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 entity authorized 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 a subsequent filing with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Sudermann 4-5-96 941-925-1498

CR2E034 (12/95)