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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90213 030 \*\*\*150.00

THE ALE	XANDER OVEN CO	MPANY, INC.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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COCONUT GROVE FL 33133 COCONUT GROVE FL 3313			VE FL 33133				WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua	mea		ļ
				_		12/28/1990			mliad Far
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			4. FEI Number		<del></del>	pplied For
21		26				65-0244178			ot Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. 1	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗆	T	equired
- City & State		City & State	·			6. Election Campaign Finan	cing	\$5.00	May Be
23	•	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country	,	8. This corporation owes the	e current year In	tangible	
24	25	29	30	0		Personal Property Tax.		☐ Yes	XΝο
1	9. Name and Address	of Current Registered Agent				10. Name and Address of N	lew Registered	Agent	
	·			81	Name				
	TSOS, NICHOLAS			82	Street Ad	Idress (P.O. Box Number is Not Ac	ceptable)		
	TIGERTAIL AVENUE								
#4		_		83					
COC	ONUT GROVE FL 3313	3		84	City			85 Zip	Code
				104	01.9		FL	<b>.</b>     '	
office or re	egistered agent, or both, in	ns 607.0502 and 607.1508, Flo the State of Florida. Such cha the obligations of, Section 607	nge was auth	norized by	tne corpora	prporation submits this statement for ation's board of directors. I hereby	or the purpose of accept the appo	changing its ntment as re	registered egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in in familiar with, and accept Signature, typed or printed name of i	the State of Florida. Such cha the obligations of, Section 607 registered agent and title if applicable.	nge was auth '.0505, Florida	orized by a Statutes	tne corpora	ation's board of directors. I hereby	одте	Titillent as re	-yistered
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP