FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

S25948 **DOCUMENT #**

(8)

Principal Place of Business

RICHARD ALEXANDER, D.C., P.A.

Mailing Address

9841 PINES BLVD

9841 PINES BLVD



	PEMBROKE	MINTES FL	33024		PEMBROKE PINES FL 33024							
									3. Date Incorporated or Qualified 01/18/1991	3a. Date	of Last F 5/22/ 1	
	Principal Place	e of Busine	ess	⊢ F ï	Mailing Address				4. FEI Number			Applied For
21	Suite, Apt. #, etc.				26				65-0240309 Not Applicable 5. Codification of Status December 1 \$8.75. Additional			
22	–				27			5. Certificate of Status Desired			Additional Required	
	City & State				City & State				6. Election Campaign Financing		\$5.0	May Be
23				28					Trust Fund Contribution			d to Fees
24	Ζip		Country 25	29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		9. Name	and Address of Curre	ent Regist	ered Agent		Ţ,		10. Name and Address of New F	egistered A	gent	
							81	Name				
	ALEXAN			82 Street Add			dress (P.O. Box Number is Not Acceptab	ile)				
9841 PINES BLVD PEMBROKE PINES FL 33024											·	
	PEMBRU	JKE PINI	:S FL 33024				83					
							84	City		FL	85 Z	p Code
11.	Pursuant to	the provisi	ons of Sections 607.050)2 and 607	1508 Florada Statu	tes the an] [L	oration submits this statement for the pur	nyose of char	no no its	ragistared office
	or registered	Lagent, or	both, in the State of Flo of the obligations of, Se	nda Such	change was authori.	zed by the	corp	oration's bo	and of directors. I hereby accept the app	ointment as r	egistered	dagent. Lam
010		and acce	or the obligations of, Se	JUNE OCH J	1005, Florida Statute	153						
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12.			OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF			· · · · · · · · · · · · · · · · · · ·
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NAMI)				[] better	ı i	MILE			L] Change	☐ Addition
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NAM						52N						
	EL ADDRESS							ADDRESS				
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NAM						621				L.	Change	☐ Addition
	E1 ADDRESS					1		Antiques				
	- \$T - ZIP					1	HEFT HTY-S	ADDRESS				
	I do hereby	certify that	the information supplied	I with this f	hling is voluntarily fur	nished and	doe	s not qualify	for the exemption stated in Section 119	07(3)(k), Flor	ida Statu	ites I furtner
	oertify that the oath; that I a	ne informa Im an offic	tion ind⊧cated on this ac	naaf report ooration or	or supplemental an the receiver or trust	nual report ee emnowe	is tru	ie and accur	rate and that my signature shall have the his report as required by Chapter 607, Fl	same legal e	effect as i	if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: X