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

PROFIT CORPORATION ANNUAL REPORT



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

1996

i. Corporatio	MENT # \$374  LEXANDER COLLECTION		(1)			
INC A	ECANDEN COLLECTION	N, INC.			. 1881/1818 1881 (1910) 1881/1818 (1881)	
Principal Place of Business Mailing Address			\$			4811 81811 91811 <u>81811 91811 91811 9181</u> 1
3885 BLACK FOREST CIRCLE 3885 BLACK FOR BOYNTON BEACH FL 33436 BOYNTON BEACH						
9 Principal D	lace of Business				3. Date Incorporated or Qualified 03/11/1991	3a. Date of Last Report 06/23/1995
21		<u> </u>	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0264617	Not Applicable
27		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Z</i> ⊮p	Country	Zıp	Country		8. This corporation has liability for in	
24	25	29	30	···	Florida Statutes  Yes	□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Ro	egistered Agent
AI EYANI	DED DEOBDALI		81	Name		
ALEXANDER, DEOBRAH 3885 BLACK FOREST CIRCLE			82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)
BOYNTON BEACH FL 33436			63			
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typied or brinted name of registered a	gent and title if applicable	(NOTE: Registered Agent			LS/46 JATE
TITLE	PST	AND DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
NAME	ALEXANDER, DEBORAH			l		Change Addition
STREET ADDRESS	3885 BLACK FOREST CIR	CLE	1.2 NAME 1.3 STREET /	NDDDCCC		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 334</b>		1.4 City-st			
THILE		☐ DEL		-211		Change Addition
NAME			2.2 NAME	j		[] Addition
STREET ADDRESS			2.3 STREET A	DORESS		
CITY-S1-ZIP			2.4 CITY - S1	- ZIP		
TITLE NAME	☐ DELETE			C Oliange L		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	ŀ		
CITY-ST-ZIF			3.3 STREET			
TITLE	F1 pr. rec		3.4 CITY - ST	- ZIP		Cl Charge Cl Addition
NAME			4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET A	DDRESS		
CrTY-ST-ZrP			4.4 CITY-SF	ZIP		
TITLE		☐ DELE	TE 5. 1 TITLE			Change Addition
NAME CIUCE L'ADDRICCO			5.2 NAME			
STREET ADDRESS DITY-ST-ZIP			53 STREET A	DORESS		
DITLE		☐ D£LE	5.4 CITY-ST-	ZiP		
NAME						Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET A	JUBESS		
CITY-S1-ZIP			64 City, St.	710		
14. I do hereby	certify that the information supplie	d with this filing is volunte	rily furnished and does	ot qualify for	r the exemption stated in Section 119.07	(3)(k), Florida Statutes Trurther
oath; that I	am an officer or director of the cor	poration or tuppiemer	itai annuai repon is true r trustee an cowered to	and accurate execute this	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Flori	ime legal effect as if made under