

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **284178** (1)  
1. Corporation Name  
**ALPHA, INC.**



Principal Place of Business: **265 SEVILLA AVENUE CORAL GABLES FL 33134**  
Mailing Address: **265 SEVILLA AVENUE CORAL GABLES FL 33134**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<b>08/12/1964</b>	<b>04/27/1995</b>
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip	28 Zip	<b>59-1151666</b>	
24 Country	29 Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	30 Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SCHNEIDER, ALAN N 265 SEVILLA AVE CORAL GABLES FL 33134</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable (Print name of Agent if signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	SCHNEIDER, ALAN N. 265 SEVILLA AVE. CORAL GABLES FL	1.1 TITLE	
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SCHNIEDER MABEL P. 265 SEVILLA AVE. CORAL GABLES FL	2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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.

SIGNATURE: *Alan N. Schneider* President  
ALAN N. SCHNEIDER, PRESIDENT  
Date: *April 9, 1996*

CR2E034 (12/95)