

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 333513 (0)
1. Corporation Name
THE ALPHABET, INC.



Principal Place of Business: 360 GULF GATE MALL SARASOTA FL 34231
Mailing Address: 360 GULF GATE MALL SARASOTA FL 34231-4823

3. Date Incorporated or Qualified: 08/07/1968
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1215749
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 386 ST. ARMANDS CIRCLE, 22 SARASOTA, FLORIDA, 23 34234, 24 SARASOTA
2a. Mailing Address: 26 THE ALPHABET INC., 27 386 ST ARMANDS CIRCLE, 28 SARASOTA, FLORIDA, 29 34236, 30 SARASOTA

9. Name and Address of Current Registered Agent: LENZ, TERRY, 360 GULF GATE MALL, SARASOTA FL 34231

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LENZ, TERRY L	
STREET ADDRESS	3046 GYPSY ST.	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LENZ, TERRY L	
STREET ADDRESS	3046 GYPSY ST.	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	JENNY LENZ	
STREET ADDRESS	3046 GYPSY ST.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	JENNY LENZ
3.4 CITY-ST-ZIP	3046 GYPSY ST. SARASOTA, FL. 34231
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERRY L. LENZ
4.3 STREET ADDRESS	3046 GYPSY ST.
4.4 CITY-ST-ZIP	SARASOTA, FL. 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ Date: 3/14/97 Daytime Phone #: 941-388-1505

CR2E034 (9/96)