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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704909 (1)

1. Corporation Name
ALPHA AND OMEGA, INC.



Principal Place of Business: 18514 US HIGHWAY 19 NORTH, UNITE D-2, CLEARWATER FL 34624 US
Mailing Address: 18514 US HIGHWAY 19 NORTH, UNIT D-2, CLEARWATER FL 34624-2764 US

3. Date Incorporated or Qualified: 12/11/1962
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 59-6173686
Applied For: Not Applicable

21 Suite, Apt #, etc.
26 Suite, Apt #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22 City & State
27 City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23 Zip
24 Country
25 Country
29 Zip
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETHERTON, ADA
18875 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	COBB, JOHN H JR	
STREET ADDRESS	207 TALL PINES DRIVE	
CITY-ST-ZIP	MAGNOLIA TE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, ROBERT L	
STREET ADDRESS	2050 NW 6TH AVE	
CITY-ST-ZIP	POMPAHO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TUCKER, HUBERT	
STREET ADDRESS	RT 6 OX 143A COLSON RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	COLE, SAMUEL	
STREET ADDRESS	RT 4 BOX 420	
CITY-ST-ZIP	WINNSBORO LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ada Netherton* ADA NETHERTON

Date: Jan 8, 1997

CR2E037 (9/96)