

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L16021 (2)

1. Corporation Name
ALPHA ASSOCIATES-III, INC.



Principal Place of Business: 5121 EHRLICH RD., #108-A TAMPA FL 33624
Mailing Address: 5121 EHRLICH RD., #108-A TAMPA FL 33624

3. Date Incorporated or Qualified: 09/12/1989
3a. Date of Last Report: 06/09/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLS, REUBEN A. 5121 EHRLICH RD., #108-B TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKNER, JAMES W.	1.2 NAME	
STREET ADDRESS	5121 EHRLICH RD., #108A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKLEY, THOMAS C.	2.2 NAME	
STREET ADDRESS	5121 EHRLICH RD., #108A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, REUBEN A.	3.2 NAME	
STREET ADDRESS	5121 EHRLICH RD., #108B	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: 4/23/96 513 9633126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)