

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 31 1996 8:00 am
Secretary of State

DOCUMENT # N08405
1. Corporation Name

Alert 96

Principal Place of Business Mailing Address
218 South Monroe St Tall., Fl. 32301 **218 South Monroe St Tall., Fl. 32301**

3. Date Incorporated or Qualified **3/27/85** 3a. Date of Last Report
4. FEI Number **59-2958735** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
Scott Carruthers
218 S. Monroe St
Tall., Fl. 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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	NAME	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Scott Carruthers P/S/D	12 NAME	
STREET ADDRESS	218 S Monroe St	13 STREET ADDRESS	
CITY - ST - ZIP	Tall., Fl. 32301	14 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	21 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	Richard Roselli VC/T	22 NAME	C/D
STREET ADDRESS	700 SE Third Ave Ste 100	23 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, Fl. 33316	24 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Richard Slawson C/D	32 NAME	D
STREET ADDRESS	2401 PGA Blvd 140	33 STREET ADDRESS	
CITY - ST - ZIP	Palm Beach Gardens, Fl. 33410	34 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Lake Lytal D	42 NAME	
STREET ADDRESS	515 N Flagler Dr	43 STREET ADDRESS	
CITY - ST - ZIP	WPB, Fl. 33402	44 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	51 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		52 NAME	James Kelaher VC/T
STREET ADDRESS		53 STREET ADDRESS	390 N Orange Ave Ste 1500
CITY - ST - ZIP		54 CITY - ST - ZIP	Orlando, Fl. 32801
TITLE	NAME	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	00001845980
STREET ADDRESS		63 STREET ADDRESS	-05/31/96--01041--041
CITY - ST - ZIP		64 CITY - ST - ZIP	***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott Carruthers* 5/2/96 904/224-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)