

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 # **P93000012275 (2)**

1. Corporation Name

ALDA MANAGEMENT SYSTEMS, INC.



Principal Place of Business

101 S COURTENAY PKWY
STE 106
MERRITT ISLAND FL 32952
US

Mailing Address

P.O. BOX 560249
ROCKLEDGE FL 32956-0249

2. Principal Place of Business

21 901 Beryl Drive

Suite, Apt. #, etc.

22 City & State

23 Rockledge, FL

Zip

24 32955

Country

25 USA

2a. Mailing Address

26 P. O. Box 560249

Suite, Apt. #, etc.

27 City & State

28 Rockledge, FL

Zip

29 32956-0249

Country

USA

9. Name and Address of Current Registered Agent

CHAPPELL, DAVID Y.
225 S TROPICAL TRAIL, #802
MERRITT ISLAND FL 32952

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 607.0502 and 607.1608, Florida's 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

Signature based on public record of registered agent for legal suit.

(NOTE: Registered Agent's name is required when filing this form.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME CHAPPELL, DAVID Y.
STREET ADDRESS 225 S TROPICAL TRAIL #802
CITY-STATE-ZIP MERRITT ISLAND FL

TITLE VPST [] DELETE

NAME CHAPPELL, LOIS C.
STREET ADDRESS 225 S TROPICAL TRAIL, #802
CITY-STATE-ZIP MERRITT ISLAND FL

TITLE [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE same [X] Change [] Addition

2 NAME same

3 STREET ADDRESS 901 Beryl Drive

4 CITY-STATE-ZIP Rockledge, FL 32955 [X] Change [] Addition

5 TITLE same

6 NAME same

7 STREET ADDRESS 901 Beryl Drive

8 CITY-STATE-ZIP Rockledge, FL 32955 [] Change [] Addition

9 TITLE [] Change [] Addition

10 NAME [] Change [] Addition

11 STREET ADDRESS [] Change [] Addition

12 CITY-STATE-ZIP [] Change [] Addition

13 TITLE [] Change [] Addition

14 NAME [] Change [] Addition

15 STREET ADDRESS [] Change [] Addition

16 CITY-STATE-ZIP [] Change [] Addition

17 TITLE [] Change [] Addition

18 NAME [] Change [] Addition

19 STREET ADDRESS [] Change [] Addition

20 CITY-STATE-ZIP [] Change [] Addition

21 TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-STATE-ZIP [] Change [] Addition

25 TITLE [] Change [] Addition

26 NAME [] Change [] Addition

27 STREET ADDRESS [] Change [] Addition

28 CITY-STATE-ZIP [] Change [] Addition

29 TITLE [] Change [] Addition

30 NAME [] Change [] Addition

31 STREET ADDRESS [] Change [] Addition

32 CITY-STATE-ZIP [] Change [] 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 a separate sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 407-638-449

CR2E034 (12/95)