

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031149 (6)
 1. Corporation Name
ALPHA COURIER CORP.



Principal Place of Business 10275 NW 53 ST SUNRISE FL 33351 US	Mailing Address P O BOX 0693 CORAL SPGS FL 33075-693 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
04/29/1993

2. Principal Place of Business 21 11570 WILES Road Suite, Apt #, etc. 22 SUITE 1 City & State 23 CORAL SPRINGS-FL Zip 24 33076	2a. Mailing Address 26 P O BOX 8693 Suite, Apt #, etc. 27 City & State 28 CORAL SPRINGS-FL Zip 29 33075-8693
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4. FEI Number
65-0408992
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BETHENCOURT, MARIA E
 7202 NW 38 ST
 CORAL SPRINGS FL 33065**

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 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	PS	<input type="checkbox"/> DELETE
NAME	BETHENCOURT, MARIA E	
STREET ADDRESS	7202 NW 38 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BETHENCOURT, ROBERT J	
STREET ADDRESS	7202 NW 38 ST	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BETHENCOURT, CAROLINE F	
STREET ADDRESS	7202 NW 38 ST	
CITY-ST-ZIP	CORAL SPGS FL	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
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 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: *Maria E Bethencourt* MARIA E BETHENCOURT 2-6-98 345-6466

CR2E034 (10/97)