

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000045804 (0)

1. Corporation Name

ALPINE COMMUNICATION OF THE PALM BEACHES INC.

FILED

95 JUL 28 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
980 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON FL 33432

Mailing Address
7434 WEST COUNTRY CLUB BLVD.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

10/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

65-0419720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

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

PELISSIER, LANCE
7434 WEST COUNTRY CLUB BLVD.
BOCA RATON FL 33487

81 Name

~~XXXXXXXXXXXXXXXXXXXX~~ Patricia F. Hyler

82 Street Address (P.O. Box Number is Not Acceptable)

980 N. Federal Highway, Suite 206

83

84 City

Boca Raton

85 Zip Code

FL 33432

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

Patricia F. Hyler

Patricia F. Hyler, Registered

7/14/95

(Signature of agent or person authorized to register agent and file of corporation)

(NOTE: Registered Agent signature required when Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PELISSIER, HANNELORE
STREET ADDRESS	7434 WEST COUNTRY CLUB ROAD
CITY, ST, ZIP	BOCA RATON FL 33487
TITLE	VS
NAME	HYLER, PATRICIA F
STREET ADDRESS	7434 WEST COUNTRY CLUB ROAD
CITY, ST, ZIP	BOCA RATON FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	PSTD	☒ Change ☐ Addition
1.2 NAME	PELISSIER, Hannelore	
1.3 STREET ADDRESS	980 N. Federal Highway, Suite 206	
1.4 CITY, ST, ZIP	Boca Raton, FL 33432	
2.1 TITLE	VS	☒ Change ☐ Addition
2.2 NAME	Pelissier, Lance	
2.3 STREET ADDRESS	980 N. Federal Highway, Suite 206	
2.4 CITY, ST, ZIP	Boca Raton, FL 33432	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered agent 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:

Hannelore Pelissier

Hannelore Pelissier, President

Date

(407) 347-2922

Signature (Phone #)

CR2E034 (3/95)