

**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 # **P95000047643 (8)**

1. Corporation Name

**ALPHA CREDIT RESTORATION, INC.**



Principal Place of Business

**1033 NW 81ST TERRACE  
PLANTATION FL 33322**

Mailing Address

**1033 NW 81ST TERRACE  
PLANTATION FL 33322**

3. Date Incorporated or Qualified  
**06/15/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **1876 NORTH UNIVERSITY DRIVE**

2a. Mailing Address

26 **1876 NORTH UNIVERSITY DRIVE**

4. FEI Number

**65-0598791**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 **SUITE 302**

Suite, Apt. #, etc.

27 **SUITE 302**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

23 **PLANTATION FL**

City & State

28 **PLANTATION FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

24 **33322**

Country

25 **BROWARD**

Zip

29 **33322**

Country

30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SUAREZ, MERY S  
1033 NW 81ST TERRACE  
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name

**MERY S SUAREZ**

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

**1033 NW 81ST TERRACE**

83

84 City

**PLANTATION**

**FL**

85 Zip Code  
**33322**

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 officer 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 typed or printed name of registered agent (and officer, if applicable)

(Not for Registered Agent signature required after re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>MERY S SUAREZ</b>
CITY-ST-ZIP	<b>1033 NW 81ST TERRACE PLANTATION FL 33322</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**300001849943**  
**06/04/96-01092-026**  
**\*\*\*200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 452-3614  
Corporate Franchise #

CR2E034 (12/95)