

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000067356 (2)
1. Corporation Name
ALPHA AUTO INC.



Principal Place of Business: **RT 1 BOX 771 TALLAHASSEE FL 32312**
Mailing Address: **RT 1 BOX 771 TALLAHASSEE FL 32312**

2. Principal Place of Business
21 Suits, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suits, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report
4. FEI Number: **59-3331824**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SMYLY, LEO A
RT 1 BOX 771
TALLAHASSEE FL 32312**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0600 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **PSTD**
2. NAME: **SMYLY, LEO A**
3. STREET ADDRESS: **RT 1 BOX 771**
4. CITY, ST, ZIP: **TALLAHASSEE FL 32312**
5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP: Change Addition
13. TITLE:
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

14. I do hereby certify that the information supplied to 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 included 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 or business empowers, to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on a separate page, with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (9/04) 893-5727

CR2E034 (12/95)