

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000075050 (1)**

1. Corporation Name
ALPHABETICA, INC.



Principal Place of Business: **345 EDEN TRAIL LAKE MARY FL 32746**
Mailing Address: **345 EDEN TRAIL LAKE MARY FL 32746**

3. Date Incorporated or Qualified: **09/28/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **59-3336540**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [Blank], 22 [Blank], 23 [Blank], 24 [Blank]
2a. Mailing Address: 25 [Blank], 26 [Blank], 27 [Blank], 28 [Blank], 29 [Blank], 30 [Blank]

9. Name and Address of Current Registered Agent

**TRATTNER, ANDREW M
345 EDEN TRAIL
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

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

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: [Signature] Signature Speed or printed name of registered agent (if different) (Print) Registered Agent signature required when filing DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BERRIE, ANGELICA
STREET ADDRESS	510 PRISCILLA LANE
CITY-ST-ZIP	ENGLEWOOD NJ 07631
TITLE	D <input type="checkbox"/> DELETE
NAME	FINK, JOANNE
STREET ADDRESS	345 EDEN TRAIL
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE
NAME	TRATTNER, ANDREW M
STREET ADDRESS	345 EDEN TRAIL
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[Blank]
1.3 STREET ADDRESS	[Blank]
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]
2.3 STREET ADDRESS	[Blank]
2.4 CITY-ST-ZIP	[Blank]
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	[Blank]
3.4 CITY-ST-ZIP	[Blank]
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

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 an attachment with an address.

SIGNATURE: *Andrew M. Trattner* **ANDREW M. TRATTNER** 4/30/96 407-323-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)