

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000093329 (5)  
 1. Corporation Name

ALPHABET CITY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 222 CLEMATIS STREET, SUITE 202, WEST PALM BEACH FL 33401  
 Mailing Address: 222 CLEMATIS STREET, SUITE 202, WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 10/30/1997  
 4. FEI Number: 65-0792344  
 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

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

9. Name and Address of Current Registered Agent: ANGELL CORPORATE SERVICES, INC., 250 ROYAL PALM WAY, SUITE 300, PALM BEACH FL 33840

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELANDER, BRUCE	1.2 NAME	
STREET ADDRESS	222 CLEMATIS ST., SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELANDER, CLAUDIA F	2.2 NAME	
STREET ADDRESS	222 CLEMATIS ST., SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: BRUCE HELANDER 7-1-98 561-655-0574

CR2E034 (5/98)

A L P H A B E T C I T Y, INC.

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July 1, 1998

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee FL 32302-1500

To whom it may concern:

We received the "second notice" of the 1998 Profit Corporation Annual Report with its filing fee of \$550.00 (which includes a \$400.00 late fee).

Since we never received the FIRST notice in the mail, I do not think it is fair that we have to pay a late fee for something we had no control over.

Therefore, please find enclosed the report and our check for the regular \$150.00 fee. This would have been done in a timely manner had the first notice of the report been received.

Thank you for your consideration.

Very sincerely,

*[Handwritten signature of Susan Hall]*  
Susan Hall

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Before me personally appeared Susan Hall to me well known & known to me to be the person described in & executed the foregoing instrument, & acknowledged to & before me that she executed said instrument for the purposes therein expressed.

Witness my hand & official seal this 6<sup>th</sup> day of July, 1998.

Encl.  
SH



*[Handwritten signature of Renee Fowler]*  
Notary Public, State of Florida