

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # V34581**

**(1)**

**95 FEB 24 AM 11:12**

1. Corporation Name  
**ALPHA BEACH RESORT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>655 SOUTH GULFVIEW BLVD<br/>CLEARWATER FL 34630<br/>US</b> | Mailing Address<br><b>655 SOUTH GULFVIEW BLVD<br/>CLEARWATER FL 34630<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

29

Country

3. Date Incorporated or Qualified

**05/08/1992**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**59-3121580**

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

9. Name and Address of Current Registered Agent

**ZSCHAU, JULIUS J  
29050 US HIGHWAY 19 N  
SUITE 501  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

|   |                          |
|---|--------------------------|
| 81 Name   | <b>STEPHAN GINEZ</b>     |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>386 SHEFFIELD CIR</b> |
| 83  | <b>1</b>                 |
| 84 City   | <b>PALM HARBOR FL</b>    |
| 85 Zip Code   | <b>34683</b>             |

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, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reconstituting)

DATE

**01-25-95**

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>D</b>                   |
| NAME            | <b>GINEZ, ALFRED</b>       |
| STREET ADDRESS  | <b>920 ELDORADO AVE</b>    |
| CITY - ST - ZIP | <b>CLEARWATER BEACH FL</b> |
| TITLE           | <b>D</b>                   |
| NAME            | <b>GINEZ, STEPHANE L</b>   |
| STREET ADDRESS  | <b>386 SHEFFIELD CIR</b>   |
| CITY - ST - ZIP | <b>PALM HARBOR FL</b>      |
| TITLE           | <b>D</b>                   |
| NAME            | <b>CHARPIE, CAROLINE</b>   |
| STREET ADDRESS  | <b>386 SHEFFIELD CIR</b>   |
| CITY - ST - ZIP | <b>PALM HARBOR FL</b>      |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this 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 preparer of 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:

SIGNATURE AND TYPED NAME OF REGISTERED OFFICER OR DIRECTOR

**STEPHAN GINEZ**

**01-25-95**

**813461898**