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

30

DOCUMENT :	# V345 8	31
A Charles III had a		

(1)

1. Corporation Name

ALPHA BEACH RESORT, INC.

Country

g. Name and Address of Current Registered Agent

25

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

655 SOUTH GULFVIEW BLVD CLEARWATER FL 34630 US

2, Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

Principal Place of Business

655 SOUTH GULFVIEW BLVD CLEARWATER FL 34630

	3. Date Incorporated or Qualified 05/08/1992	3a. Date of La 02/24	ast Report 1/1995
	4. FEI Number	Applied For	
	59-3121580		Not Applicable
	5. Certificate of Status Desired		3.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Country	8. This corporation has liability for in Florida Statutes Yes	_~	ders 199.032,
	10. Name and Address of New R	egistered Agen	it
10.0			

GUINEZ, STEPHAN 386 SHEFFIELD CIRC SUITE 501 PALM HARBOR FL 34683

	Florida Statutes
	10. Name and Address of New Registered Agent
81	Name Givez STEPhan
82	Street Address (P.O. Box Number is Not Acceptable) 655 South Gulfview Blud
83	ClearWater FL
84	City FL 85 Zip Code 3 C2

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the contractions 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	STEPHAN Sgnature, typed or printed name of registered egon	t and tille if applicable. (NOTE	H (S) (4 (S) (P) (In a) re re	Q4-20-96 DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	ginez, alfred		1.2 NAME		
STREET ADDRESS	920 ELDORADO AVE		1.3 STREET ADDRESS		
ČITY-ST-ZIP	CLEARWATER BEACH FL		: 1.4 CITY - ST - ZIP	Change C Addition	
TITLE	D	DELETE	2. 1 TITLE	Change Addition	
NAME	GINEZ, STEPHANE L		2.2 NAME	·	
STREET ADDRESS	386 SHEFFIELD CIR		2.3 STREE1 ADDRESS		
CiTY-ST-ZIP	PALM HARBOR FL		2.4 C(1) - S1 - Z(P		
TITLE	D	☐ DELETE	3 1 TITLE	Change Addition	
NAME	CHARPIE, CAROLINE		3.2 NAME		
STREET ADDRESS	386 SHEFFIELD CIR		3 3. STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TIVLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY - ST - 2IP		

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 of auptracental 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 of the corporation of 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 as opposite attacts, with an address.

SIGNATURE:

GNATURE AND WED OF PRINTED HAME OF SIGNING OF CER OR DIRECTO

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04-20-96 8134616298
Date Daytine Phone #