

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **541874** (4)

1. Corporate Name
ALFAST CORP.

Principal Place of Business: **1720 NE 79TH ST
N BAY VILLAGE FL 33141**
Mailing Address: **1720 NE 79TH ST
N BAY VILLAGE FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1977** 3a. Date of Last Report: **02/10/1994**
4. FEI Number: **59-1757379** 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

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

9. Name and Address of Current Registered Agent
**LEVINE, SHERWIN E.
1720 NE 79TH STREET
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
84 City, State, Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, freely accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY:	
1. TITLE: V	NAME: LEVINE, ROBERTA STREET ADDRESS: 1760 BAY DR MIAMI BCH CITY, STATE, ZIP: MIAMI BCH., FL 00000	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE: PD	NAME: LEVINE, SHERWIN E STREET ADDRESS: 1760 BAY DR MIAMI BCH CITY, STATE, ZIP: MIAMI BCH., FL 00000	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE:	NAME: STREET ADDRESS: CITY, STATE, ZIP:	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE:	NAME: STREET ADDRESS: CITY, STATE, ZIP:	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE:	NAME: STREET ADDRESS: CITY, STATE, ZIP:	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE:	NAME: STREET ADDRESS: CITY, STATE, ZIP:	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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 on behalf of the corporation or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 if changed, if on an attachment with an address.

SIGNATURE: *Sherwin E. Levine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERWIN E. LEVINE

Date: **4/26/95** Telephone: **305-864-3714**