

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **541874** (4)
1. Corporation Name
ALFAST CORP.

Principal Place of Business
1720 N. 79TH ST
N BAY VILLAGE FL 33141
SUITE 107-E

Mailing Address
1720 N. 79TH ST
N BAY VILLAGE FL 33147-5640
SUITE 107-E



3. Date Incorporated or Qualified 07/22/1977		3a. Date of Last Report 01/26/1997	
4. FEI Number 59-1757379		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$6.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVINE, SHERWIN E. 1720 N. 79TH STREET NORTH BAY VILLAGE FL 33141 SUITE 107 E				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

18. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LEVINE, ROBERTA	1.2 NAME	
STREET ADDRESS	1700 BAY DR MIAMI BCH	2.1 NAME	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.2 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.3 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO LEVINE, SHERWIN E	3.1 TITLE	
STREET ADDRESS	1700 BAY DR MIAMI BCH	3.2 NAME	
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		000002542550 -06/01/98--01082--024 ***150.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or amendments thereto is true and correct 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 and that I am duly 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: *Sherwin E. Levine* PRES. 4/23/98 305-864-3714
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE DAY/PHONE #