

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
 WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 JAN -2 AM 9:04

A96000002367

1. Name of Limited Partnership Alpha/Amdev, Ltd.		1a. DOCUMENT # A96000002367	
2. Mailing Address P.O. Box 3789 Orlando FL 32802		2a. Principal Office Address P.O. Box 3789 Orlando, FL 32802	
3. Date Formed or Registered 12-18-96		5a. Capital Contributions as Shown on record 600,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired XXX		\$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

BK 1/18/97

9. Name and Address of Current Registered Agent Moore, Donald L. Jr. 237 Ernestine Street Orlando, FL 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

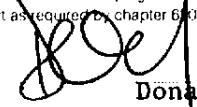
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) Alpha/Amdev, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 237 Ernestine St.	11b. City, State & Zip Code Orlando, FL 32801	11c. Registration/Document Number 300002064513--8 -01/22/97--01097--001 ****585.00 ****585.00
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 630, Florida Statutes.

SIGNATURE  DATE **12-30-96**
 Donald L. Moore, Jr. 407-648-1090
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/96)