

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

**APPROVED
AND
FILED**

95 JUN 27 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F28269 (1)

1. Corporation Name

ALPHA DELTA, INC.

500001526385

-06/29/95--01007--017

****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
c/o Tracey A. Skinner c/o Tracey A. Skinner
4675 Ponce de Leon Blvd. 4675 Ponce de Leon
Suite 305 Blvd. - Ste. 305
Coral Gables, FL 33146 Coral Gables, FL 33146

3. Date Incorporated or Qualified 46 04/03/1981 3a. Date of Last Report 04/18/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2109636

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Skinner, Tracy A.
4675 Ponce de Leon Blvd.
Suite 305
Coral Gables, FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Quinn, R. B.
STREET ADDRESS 4675 Ponce de Leon Blvd. # 305
CITY-ST-ZIP Coral Gables, FL 33146

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE D
NAME Skinner, Tracy A.
STREET ADDRESS 4675 Ponce de Leon Blvd. # 305
CITY-ST-ZIP Coral Gables, FL 33146

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 or supplemental 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 receiver or 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, or on an attachment with an address.

SIGNATURE:

R. B. Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. B. Quinn

6/17/95 (305) 443-1885

Date

Deputy Phone #