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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F28269

(1)

1. Corporation Name

ALPHA DELTA INCORPORATED

Principal Place of Business

~~SKINNER, TRUMAN A~~
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES, FL 33146

Mailing Address

~~SKINNER, TRUMAN A~~
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES, FL 33146-2113



3. Date Incorporated or Qualified

04/03/1981

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2109636

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

21 Tracey S. Brown
Suite, Apt. #, etc.

2a. Mailing Address

26 Tracey S. Brown
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

SKINNER, TRUMAN A
4675 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

10. Name and Address of New Registered Agent

81 Name Tracey Skinner Brown
82 Street Address (P.O. Box Number is Not Acceptable)
4675 Ponce de Leon Blvd.
83 #305
84 City Coral Gables FL 85 Zip Code 33146

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 Tracey S. Brown
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME QUINN, R B
STREET ADDRESS 4675 PONCE DE LEON BLVD. # 305
CITY - ST - ZIP CORAL GABLES FL 33146

TITLE D ☐ DELETE
NAME SKINNER TRACY A
STREET ADDRESS 4675 PONCE DE LEON BLVD. # 305
CITY - ST - ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Tracey Skinner Brown
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 1997 443-1885

Date Daytime Phone #

CR2E034 (9/96)