

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H59532** (2)

1. Corporation Name

ALPHA SPECIALITIES AND AWARDS, INC.



Principal Place of Business

**1318 W OAK ST STE 3
KISSIMMEE FL 34741**

Mailing Address

**1318 W OAK ST STE 3
KISSIMMEE FL 34741**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FRANKMAN, RICHARD H.
1318 W OAK ST STE 3
KISSIMMEE FL 34741**

3. Date Incorporated or Qualified

05/30/1985

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2570518

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

10. Name and Address of New Registered Agent

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 607.0508, 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 type (printed name and title of new agent, if applicable)

(If FEI, Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
FRANKMAN, RICHARD H.
1318 W OAK ST STE 3
KISSIMMEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
FRANKMAN, C. SUE
1318 W OAK ST STE 3
KISSIMMEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**D
FRANKMAN, C. SUE
1318 W OAK ST STE 3
KISSIMMEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**D
FRANKMAN, C. SUE
1318 W OAK ST STE 3
KISSIMMEE FL**

☐ DELETE

NAME

STREET ADDRESS

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☐ DELETE

NAME

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TITLE

**D
FRANKMAN, C. SUE
1318 W OAK ST STE 3
KISSIMMEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

C. Sue Frankman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96

(407) 847-9002
DATE TIME PHONE #

CR2E034 (12/95)