

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS
**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H87864

(5)

95 JAN 17 PH 12:03

1. Corporation Name

ALPHA ACADEMY AND SPORTS CAMP I, INC.

Principal Place of Business

**7950 TAFT STREET
PEMBROKE PINES FL 33024**

Mailing Address

**7950 TAFT STREET
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/03/1985

3a. Date of Last Report
02/03/1994

4. FEI Number
59-2612902

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

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, 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

**COHEN, KENNETH E.
201 S BISCAYNE BLVD, STE 1330
MIAMI 33131**

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 607.1508, 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 of person named in 9. (Registered Agent)

Signature of Registered Agent (Corporate Registered Agent only)

(A1)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
MARKOWITZ, STEPHEN
3814 BIMINI AVE
COOPER CITY FL**

**DST
YANKLEWITZ, MARK J.
11608 SUNFISH WAY
COOPER CITY FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or bonding agent named 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: *Stephen Markowitz* **STEPHEN MARKOWITZ** 1/9/95 (305) 961-7949
DATE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR