

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J67025 (3)
1. Corporation Name
ALPER LAND COMPANY



Principal Place of Business Mailing Address
% JONATHAN ALPER
274 KIPLING COURT
HEATHROW FL 32746

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 04/10/1987 3a. Date of Last Report 01/19/1995
4. FEI Number 59-2842101 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

9. Name and Address of Current Registered Agent

ALPER, JONATHAN
274 KIPLING COURT
HEATHROW FL 32746

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 making change or appointing new registered agent

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. TITLE DVS
2. NAME ALPER, JONATHAN
3. STREET ADDRESS 274 KIPLING COURT
4. CITY-STATE-ZIP HEATHROW FL
5. TITLE DPT
6. NAME ALPER, ANNE
7. STREET ADDRESS 1165 N. BISCAYNE PT. RD
8. CITY-STATE-ZIP MIAMI BEACH FL
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
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57. TITLE
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59. STREET ADDRESS
60. CITY-STATE-ZIP

13.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
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56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-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 this 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

4-23-96

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