

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 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 # J81838

(1)

1. Corporation Name
ALPHA SOFTWARE, INC.



Principal Place of Business

% LAWRENCE E. CRARY III
555 COLORADO AVE., SUITE ONE
STUART FL 34994-3013

Mailing Address

% LAWRENCE E. CRARY III
555 COLORADO AVE., SUITE ONE
STUART FL 34994-3006

3. Date Incorporated or Qualified
07/09/1987

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

21 701 Colorado Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
Stuart, FL

27 City & State

24 Zip 34994 Country

28 Zip Country

4. FEI Number

59-2823687

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

9. Name and Address of Current Registered Agent

CRARY, LAWRENCE E., III
555 COLORADO AVE.
SUITE ONE
STUART FL 33497

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 typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDIN, GENE B.	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEHLICH, GERALD	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROEGIERS, STEPHEN M	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPRAKER, MIKEL C.	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fredric D. Heilbronner	
1.3 STREET ADDRESS	701 Colorado Avenue	
1.4 CITY-ST-ZIP	Stuart, FL 34994	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Fredric D. Heilbronner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

561-283-7444

DATE

0471517

CR2E034 (9/96)