FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L25799 (2)

1. Corporation Name

ALPHA HOMES, INC.

Principal Place of Business	Mailing Address
1685 LINWOOD AVE CLEARWATER FL 34615-2346	1685 LINWOOD AVE CLEARWATER FL 34615-2346

3. Date Incorporated or Qualified: 10/26/1989	3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-3024752	☐ 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	2a. Mailing Address
21 1510 Chukar Ridge	26 1510 CHUKAR RDG
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm Harbor Fl	28 City & State: Palm Harbor Fl
24 Zip: 34683 — 25 Country: Pinellas	29 Zip: 34683 — 30 Country: Pinellas

9. Name and Address of Current Registered Agent

TSIOUKLAS, JOHN
1685 LINWOOD AVE
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: TSIOUKLAS JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 1510 Chukar Ridge
83
84 City: Palm Harbor FL 85 Zip Code: 34683

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TSIOUKLAS, JOHN		1.2 NAME	
STREET ADDRESS	1685 LINWOOD AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TSIOUKLAS, FOTIOS		2.2 NAME	
STREET ADDRESS	%1685 LINWOOD AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TSIOUKLAS, GEORGE		3.2 NAME	
STREET ADDRESS	2025 KAMENSKY		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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 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: John Tsiouklas John Tsiouklas 5-10-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)