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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L75708** (2)

1. Corporation Name

ALPHA REALTY SERVICES, INC.



Principal Place of Business

Mailing Address

**4475 U.S. HWY 1 S.
#303
ST. AUGUSTINE FL 32086
US**

**C/O PAULINE D. BARKER
3761 ARROWHEAD DR.
ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified

05/23/1990

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKER, PAULINE D.
3761 ARROWHEAD DR.
ST. AUGUSTINE FL 32086**

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 officer 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 (if not applicable)

Typed Name of Registered Agent (Signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PST** ☐ DELETE

NAME **BARKER, PAULINE D.**
STREET ADDRESS **3761 ARROWHEAD DR.**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☐ DELETE

NAME **BARKER, PAULINE, D**
STREET ADDRESS **3761 AROWHEAD DR**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 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: *Pauline D. Barker* **Pauline D. Barker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 **904-794-0500**
DATE DAYTIME PHONE #

CR2E034 (12/95)