


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b> <b>97 MAR 20 AM 10:05</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>ALPHA TEN LIMITED COMPANY 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617</b>		<b>DOCUMENT # L93000000305</b>	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>1a. Principal Place of Business Address</b>  10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617	
<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 09/20/1993 <b>3a. State of Formation</b> FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>4. FEI Number</b> 59-3199764		<b>5. Date of Last Report</b> 02/22/1996 <b>6. Certificate of Status Desired</b> \$6.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  WILLIAM, BELVA 10936 N. 56TH ST. SUITE 202 TEMPLE TERRACE FL 33617		<b>8. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: right;"><b>FL</b></div>	
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>			
<b>SIGNATURE</b> _____		<b>DATE</b> _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGR	BELVA WILLIAMS INC. ,	10936 56TH STREET #202	TEMPLE TERRACE FL
MR	PROFESSIONAL REHAB I,	806 W. COLUMBUS DR.	TAMPA FL
<b>000002123130--3</b> <b>-03/25/97--01037--007</b> <b>****203.75 ****203.75</b>  <b>B3-21-97</b>			
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> Belva Williams <i>Belva Williams</i> 3-18-97		<b>813/980-2851</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	