


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

**APPROVED
AND
FILED**

1997 MAR 20 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|--|---|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

| | |
|--------------------------------|---|
| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|---|

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001336**

**ALPHA FOURTEEN LIMITED COMPANY
10936 N. 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617**

1a. Principal Place of Business Address

**10936 N. 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | | | | |
|--------------------------------|--|---------------------|--|--------------------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12/23/1996 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | | Zip | | 5. Date of Last Report | 6. Certificate of Status Desired |
| Country | | Country | | N/A | \$8.75 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

**WILLIAMS, BELVA
10936 N. 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|---------------------------|---|
| MGR | ALPHA TEN LIMITED CO, | 10936 N. 56TH. ST., SUITE | TEMPLE TERRACE FL |
| | | | 900002122709--6 -03/24/97--01202--010 ****203.75 ****203.75 |

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.

SIGNATURE: Alpha Ten by Belva Williams *Belva Williams* 3-8-97 813/980-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #