

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003412 (3)
 1. Corporation Name
ALPHA/OMEGA CHARITABLE FOUNDATION, INC.



Principal Place of Business 452 WORTH AVE. PALM BEACH FL 33480	Mailing Address C/O FRANK J. GILBRIDE II 31 BROOKSIDE DRIVE GREENWICH CT 06836 US
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3. Date Incorporated or Qualified 07/12/1994	
4. FEI Number 65-0510147	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 658
22 City & State	27 31 Brookside Drive
23 Zip Country	28 Greenwich CT
24 Zip Country	29 06836 30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DE LESSEPS, TAUNI
452 WORTH AVE.
PALM BEACH FL 33480

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE LESSEPS, TAUNI	
STREET ADDRESS	452 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEEFE, ANITA DE LESSE	
STREET ADDRESS	AIKEN ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GILBRIDE, FRANK J II	
STREET ADDRESS	31 BROOKSIDE DRIVE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, LARRY B	
STREET ADDRESS	505 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-3475	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOKER, FLETCHER T	
STREET ADDRESS	452 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tauni de Lesseps 7/22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)