## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000060483

Alpha One Foundation Inc.

FILED May 15 1996 8:00 am Secretary of State

|                                  | •  | •   |                  |                                   |   |
|----------------------------------|--|---|------------------|-----------------------------------|---|
| Principal Place of B             | lusiness   | Mailing Address   |                  |                                   |   |
|                                  |  |   |                  |                                   |   |
|                                  |  |   |                  |                                   | Date Incorporated or Qualified  |
|                                  |  |   |                  |                                   | January 31, 1995  |
| 2. Principal Place of            | of Business  | 2a. Mailing Address   |                  |                                   | 4. FEI Number Applied For   |
| ₁ 3326 Ma                        | ry Street  | 3326 Mary S   | stre             | et                                | 65-0585415 Not Applicable   |
| Suite, Apt. #, et                |  | Suite, Apt. #, etc.   |                  |                                   | 5 Codificate of Status Desired (\$8.75 Additional   |
| Suite 3                          | 101  | 27 Suite 301  |                  |                                   | Fee Required  |
| City & State                     |  | City & State  |                  |                                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
|                                  | Grove, FL  | 28 Coconut Gro  | ove.             |                                   | This corporation has liability for intangible tax under s. 199.032,   |
| 33133                            | Country<br>USA   | <sup>Zip</sup> 33133 30                                       | - T1C            |                                   | Florida Statutes  |
| *I                               | Name and Address of Current  |   | -                |                                   | 10. Name and Address of New Registered Agent  |
|                                  |  |   |                  | 81 Name                           | wanden I lindson  |
|                                  |  |   | -                | R2 Street                         | Address (P.O. Box Number is Not Acceptable)   |
|                                  |  |   | 1                | 332                               | 6 Mary Street   |
| I.                               |  |   | ſ                | 83 C                              | te 301  |
|                                  |  |   | }                | 84 City                           | B5 Zip Code   |
|                                  |  |   |                  | Coco                              | nut Grove FL 33133  |
| or registered a familiar with, a | agent, or both, in the State of Florid<br>and accept the obligations of, Secti | a. Such change was authorized bon 617 0503, Florida Statutes. | by the c         | corporation's                     | orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am |
| Sign                             | ature, typed or printed name of registered agent                               |   | Egistered<br>13. | Agent signature r                 | ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| 12.                              | OFFICERS AND   | DIRECTORS   | 1,1 111          | n £                               | Change Q Addition   |
| TITLE                            |  |   | 1 2 NA           |                                   | μ   |
| NAME<br>STREET ASSOCIACE         |  |   | 1                | REET ADDRESS                      | John W. Walsh   |
| STREET ADDRESS                   |  |   |                  | TY-ST-ZIP                         | 3326 Mary Street, Suite 301   |
| CITY-ST-ZIP<br>TITLE             |  | DELETE  | 2 1 11           |                                   | Coconut Grove, FL 33133 Change Addition   |
| NAME                             |  | _   | 2 2 NA           | AME                               | D<br>Alexandra It Idadam  |
| STREET ADDRESS                   |  |   | 2351             | FREET ADDRESS                     | Alexandra J: Lindsey<br>3326 Mary Street, Suite 301   |
| DITY-ST-ZIP                      |  |   | 2 4 C            | OTY-ST-ZIP                        | Cocomus Crosse El 22122   |
| TITLE                            |  | DELETE  | 3 1 T/           | TLF .                             | D Change Addition   |
| NAME                             |  |   | 3 2 N            | AME                               | Susan Stanley   |
| STREET ADDRESS                   |  |   | 3.3 S1           | TREET ADDRESS                     | 3326 Mary Street, Suite 301   |
| CITY-ST-ZIP                      |  |   | _                | ITY - ST - ZIP                    | Coconut Grove, FL 33133   |
| TITLE                            |  | DELETE  | 4.1 TI           | TLE                               | Change Addilion   |
| NAME                             |  |   | 4. 2 N           | IAME                              |   |
| STREET ADDRESS                   |  |   |                  | TREET ADDRESS                     |   |
| CITY - ST - ZIP                  |  | TO SELECT   | _                | HTY - ST - ZIP                    | Change Addition   |
| TITLE                            |  | DELETE  | 5 1 TI           |                                   | 200801823522  |
| NAME                             |  |   | 5.2 N            |                                   | -05/15/36==01141==001   |
| STREET ADDRESS                   |  |   |                  | TREET ADDRESS                     | ***70.00  |
| CITY-ST-ZIP                      |  | DELETE  | 54C              | ITY - ST - ZIP                    | ☐ Change ☐ Addition   |
| TITLE                            |  |   | 62 N             |                                   | -2,   |
| NAME                             |  |   |                  | itreet address                    | Change Addition >2.15   |
| STREET ADDRESS                   |  |   |                  | OTREET ALJUNESS<br>OTY - ST - 21P | ל'  |
| CITY-ST-ZIP                      | partify that the information supplied  | with this filing is voluntarily furnish                       | ed and           | does not au                       | ralify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further   |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(3)(k), Florida Statutes 1 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 it chapted or pn an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Walsh, President

4/16/96

(305) 442-1776

Daytime Phone #