


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28437** (2)  
1. Corporation Name  
**ALPHA TRAVEL SOUTH, INC.**



Principal Place of Business <b>100 W. CYPRESS CREEK ROAD SUITE 815 FT. LAUDERDALE FL 33309</b>	Mailing Address <b>100 W. CYPRESS CREEK ROAD SUITE 815 FT. LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/06/1990</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>95-3034524</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUONAROTTI, MARGUERITE  
100 W CYPRESS CREEK RD  
SUITE 815  
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUONAROTTI, MARGUERITE</b>	
STREET ADDRESS	<b>100 W. CYPRESS CREEK RD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D Killeen</b>	<input type="checkbox"/> DELETE
NAME	<b>KILLEEN, JAMES</b>	
STREET ADDRESS	<b>101 HUDSON ST 24TH FL</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TERASKIEWICZ, EDWARD</b>	
STREET ADDRESS	<b>101 HUDSON ST 24TH FLOOR</b>	
CITY-ST-ZIP	<b>JERSEY CITY NY</b>	
TITLE	<b>CFOT</b>	<input type="checkbox"/> DELETE
NAME	<b>VALENTI, PAUL</b>	
STREET ADDRESS	<b>101 HUDSON ST 24TH FL</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTTER, DAVID</b>	
STREET ADDRESS	<b>101 HUDSON ST 24TH FL</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHIAVO, LAURIE</b>	
STREET ADDRESS	<b>101 HUDSON ST 24TH FL</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	

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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jeffrey BANDMAN</b>
6.3 STREET ADDRESS	<b>101 Hudson St 24th Fl</b>
6.4 CITY-ST-ZIP	<b>Jersey City NJ</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 change of an attachment with an application.

SIGNATURE:

*Marguerite Buonarotti*

*3/31/98*

*95-3034524*

CR2E034 (10/97)