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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90002 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P28437

1. Corporation Name
ALPHA TRAVEL SOUTH, INC.

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

3. Date Incorporated or Qualified 03/06/1990	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number 95-3034524	
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marguerite Buonarotti* Date: *4/14/99* Daytime Phone #: *954-492-9990*

CR2E034 (11/98)