

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37189 (8)**
1. Corporation Name
ALPHA THERAPEUTIC SERVICES, INC.



Principal Place of Business: **5555 VALLEY BOULEVARD LOS ANGELES CA 90032**
Mailing Address: **5555 VALLEY BOULEVARD LOS ANGELES CA 90032**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **01/17/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **64-0629687**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0102 and 607.1506, 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 607.0103, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MATVELD, H. EDWARD	
STREET ADDRESS	5555 VALLEY BLVD	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLTON, EDWARD	
STREET ADDRESS	5555 VALLEY BLVD.	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALLIOMAA, JILL F.	
STREET ADDRESS	5555 VALLEY BLVD.	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEHART, PETE	
STREET ADDRESS	5555 VALLEY BLVD.	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATVELD, H. EDWARD	
STREET ADDRESS	5555 VALLEY BLVD.	
CITY- ST- ZIP	LOS ANGELES CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	LAWRENCE, CHERYL	
STREET ADDRESS	5555 VALLEY BLVD.	
CITY- ST- ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached list with an address.

SIGNATURE: *Edward A. Colton* Edward A. Colton 4/15/96 213/227-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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ALPHA THERAPEUTIC SERVICES, INC.

OFFICERS

January 1, 1995

H. Edward Matveld	President
Cheryl Lawrence	CFO & Vice President, Finance
Edward A. Colton	Vice President
Pete DeHart	Vice President
Jill Kalliomaa	Secretary

Address for all Officers is:

Alpha Therapeutic Services, Inc.
5555 Valley Boulevard
Los Angeles, CA 90032

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ALPHA THERAPEUTIC SERVICES, INC.

DIRECTORS

JANUARY 1, 1995

1. H. Edward Matveld, Chairman
2. Pete Dehart
3. Kensuke Nakagawa
4. Edward A. Colton

Address for all Directors is:

Alpha Therapeutic Services, Inc.
5555 Valley Boulevard
Los Angeles, CA 90032