

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000012775 (1)

1. Corporation Name:

ALPHA DEVELOPMENT GROUP, INC.

**APPROVED
AND
FILED**

9 MAY - 1 11 0:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business:

**1345 N.E. 134TH STREET
MIAMI FL 33161**

Mailing Address:

**1345 N.E. 134TH STREET
MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified:

02/15/1993

3a. Date of Last Report:

05/01/1994

2. Principal Place of Business:

21

State Apt. #, etc.

22

City & State:

23

Zip

Country

24

25

2a. Mailing Address:

26

State Apt. #, etc.

27

City & State:

28

Zip

Country

29

30

4. FET Number:

65-0397535

Applied For:

☐ Not Applicable

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 information under § 195.032
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CLARK, JAMES E JR
1345 NE 134TH ST
NO MIAMI FL 33161**

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 607.0502 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of Registered Agent or Designated Agent (If Not Applicable)

Signature of New Registered Agent (If Not Applicable)

Date:

12.

OFFICERS AND DIRECTORS

12a.

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
CLARK, JAMES E JR
1345 NE 134TH ST
NO MIAMI FL**

12b.

NAME

STREET ADDRESS

CITY, ST, ZIP

12c.

NAME

STREET ADDRESS

CITY, ST, ZIP

12d.

NAME

STREET ADDRESS

CITY, ST, ZIP

12e.

NAME

STREET ADDRESS

CITY, ST, ZIP

12f.

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13a.

NAME

STREET ADDRESS

CITY, ST, ZIP

13b.

NAME

STREET ADDRESS

CITY, ST, ZIP

13c.

NAME

STREET ADDRESS

CITY, ST, ZIP

13d.

NAME

STREET ADDRESS

CITY, ST, ZIP

13e.

NAME

STREET ADDRESS

CITY, ST, ZIP

13f.

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 319.02(6)(B), Florida Statutes. Further, I certify that the information indicated as 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 person 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.

SIGNATURE:

James E. Clark Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES E. CLARK JR.

04/28/95

305-895-9989