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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P93000041245 (0)

1. Corporation Name

ALPHA COMMUNICATIONS ELECTRONICS DISTRIBUTORS, I
NC.

Principal Place of Business

5 E. FAIRFIELD DR
PENSACOLA FL 32505
US

Mailing Address

P.O. BOX 8327
PENSACOLA FL 32505-0327
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

COLLINS, WILLIAM D
1801 PEARSON ROAD
MILTON FL 32583

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Milton

FL

85 Zip Code

32583

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

WILLIAM D. COLLINS

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

William D. Collins

(NOTE: Registered Agent signature required when establishing)

4-29-97

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

WHITTON, LYN
66 ADKINSON DRIVE
PENSACOLA FL 32526

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

WHITTON, JOHN A
66 ADKINSON DRIVE
PENSACOLA FL 32526

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

COLLINS, WILLIAM D
1801 PEARSON ROAD
MILTON FL 32583

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

14. I do 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.

SIGNATURE: WILLIAM D. COLLINS

William D. Collins

4-29-97

904-433-2254

CR2E034 (9/96)