

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083102 (2)

1. Corporation Name

ALPS SOUTH CORPORATION

Principal Place of Business

6564 44TH STREET, NO.
UNIT 805
PINELLAS PARK FL 34665

Mailing Address

6564 44TH STREET, NO.
UNIT 805
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

02/09/1994

4. FEI Number

APPLIED FOR 59-3216307

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 intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 2895 42nd Ave. North

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FLA

24 33714

Country

2a. Mailing Address

26 2895 42nd Ave. North

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FLA

29 33714

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR, PATRICK M
18167 U.S. HWY. 19 NORTH
SUITE 150
CLEARWATER FL 34624

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 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 fee if applicable)

(Signature, typed or printed name of registered agent and fee if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAGHI, ALDO A.
STREET ADDRESS	6564 44TH ST., UNIT 805
CITY, ST, ZIP	PINELLAS PARK FL 34665
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	LAGHI, ALDO A.	
1.3 STREET ADDRESS	2895 42ND AVE. NORTH	
1.4 CITY, ST, ZIP	St. Petersburg, FLA 33714	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.11(1)(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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Large

Signature Stamp