

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046724
1. Corporation Name
Alspach, Inc.

Principal Place of Business

Mailing Address

4308 Poinsettia Ave
West Palm Beach, FL
33407

4308 Poinsettia Ave
West Palm Beach
Florida 33407

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1994

09/14/95

4. FEI Number

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

10. Name and Address of New Registered Agent

Alspach, Debbie
4308 Poinsettia Ave
West Palm Beach, FL 33407

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 of Registered Agent (if not the same as the corporation's officer or director)

(Date) (Signature of Registered Agent's jurisdiction required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
Alspach, Arthur
4308 Poinsettia Ave
West Palm Beach FL 33407

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
SV
Alspach, Debbie
4308 Poinsettia Ave
West Palm Beach FL 33407

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[] DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[] DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[] DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
[] Change [] Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
[] Change [] Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
[] Change [] Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
[] Change [] Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
[] Change [] Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
[] Change [] Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
[] Change [] Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
[] Change [] Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Alspach SV

4078427473

Date

Day-Month-Year

3-26

CR2E034 (12/95)