

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 # P94000061855 (0)

1. Corporation Name

ALPHA COUNSELING SERVICES INC.



Principal Place of Business

10730 US HWY. 19 NORTH
SUITE 21
PORT RICHEY FL 34668

Mailing Address

10730 US HWY. 19 NORTH
SUITE 21
PORT RICHEY FL 34668

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

FREEMAN, MARY ANN
10835 US HIGHWAY 19
PORT RICHEY FL 34668

81 Name

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

10730 U.S. Hwy 19 North
Suite 21

83 City

Port Richey

FL

84 Zip Code

34668

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 the filer, if applicable

82011 Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1. TITLE

62 NAME

63 STREET ADDRESS

64 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 Section 119.07(3)(k), 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

Robert C. Freeman

4/3/96

813-862-0111

CR2E034 (12/95)