


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name 796000063472 ALPHA LEASING SYSTEMS, INC.					
Principal Place of Business 5440 SOUTH ST. RD. 7 FT. LAUDERDALE, FL. 33314			Mailing Address 5440 SO. ST. RD. 7 FT. LAUDERDALE, FL. 33314		
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 9/31/96 3a. Date of Last Report 9/31/96 4. FEI Number 65-0695118 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GERALD DePACE, ESQ. 117 LAKE EMERALD DRIVE SUITE 407 FT. LAUDERDALE, FL. 33309				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
12. OFFICERS AND DIRECTORS 12.1 OWNER <input type="checkbox"/> DELETE NAME: STONE, P. RANDOL STREET ADDRESS: 3725 SW 52nd PLACE CITY-STATE-ZIP: FT. LAUDERDALE, FL. 33309 12.2 <input type="checkbox"/> DELETE 12.3 <input type="checkbox"/> DELETE 12.4 <input type="checkbox"/> DELETE 12.5 <input type="checkbox"/> DELETE 12.6 <input type="checkbox"/> DELETE 12.7 <input type="checkbox"/> DELETE 12.8 <input type="checkbox"/> DELETE 12.9 <input type="checkbox"/> DELETE 12.10 <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP 13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP 13.29 TITLE <input type="checkbox"/> 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