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Mar 07 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 # P96000088723 (7)

1. Corporation Name
ALPHA HOME LOAN, CORP.



Principal Place of Business

2098 FLORESTA DRIVE
PORT ST. LUCIE FL 34984-4706

Mailing Address

2098 FLORESTA DRIVE
PORT ST. LUCIE FL 34984-4706

3. Date Incorporated or Qualified

10/28/1996

3a. Date of Last Report

N/A

4. FEI Number

68-0700460

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

21 600 N. THACKER AVE

Suite, Apt. #, etc.

22 SUITE D-1

City & State

23 KISSIMMEE, FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 600 N. THACKER

Suite, Apt. #, etc.

27 SUITE D-1

City & State

28 KISSIMMEE, FL

Zip

29 34741

Country

30 USA

9. Name and Address of Current Registered Agent

TRAHAN, DOROTHY
2098 FLORESTA DRIVE
PORT ST. LUCIE FL 34984-4706

10. Name and Address of New Registered Agent

81 Name

N/A

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 type: The printed name of registered agent and filer is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME TRAHAN, DOROTHY
STREET ADDRESS 2098 FLORESTA DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34984-4706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

622 Caddy Drive
KISSIMMEE, FL 34759

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

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: *Dorothy Trahan* Dorothy Trahan
SIGNATURE: ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 9407 931-0500
Date: Daytime Phone #

CR2E034 (9/96)