

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90097 037 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000102516

1. Corporation Name  
ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

Principal Place of Business  
904 PARK AVENUE  
LAKE PARK FL 33403

Mailing Address  
904 PARK AVENUE  
LAKE PARK FL 33403



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/19/1996

4. FEI Number  
65-0719245

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

BERNSTEIN, ALAN  
4869-4 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
• D	ESPIE, DOUGLAS C 19088 S.E. LOXAHATCHEE RIVER ROAD JUPITER FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<del>DOUGLAS</del> DOUGLAS ESPIE IS NOT PRESIDENT, HE IS DIRECTOR
VP	ESPIE, JANICE R 19088 S.E. LOXAHATCHEE RIVER ROAD JUPITER FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P	FINGERHUT, KEITH R. 480 EXECUTIVE CENTER DR #2K WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	KEITH FINGERHUT IS PRESIDENT
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ PRESIDENT KEITH FINGERHUT 4/29/99 (561) 845-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)