

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 AUG 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059695

1. Corporation Name
ALPHA ACADEMY II, INC.

Principal Place of Business Mailing Address
2776 E. OAKLAND PARK BLVD., #10
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11300 WEST BROWARD BLVD		26 4750 OAKES RD.		07/09/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
		SUITE M		65-0765766	
23 City & State		28 City & State		5. Certificate of Status Desired	
PLANTATION, FL		DAVIE, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
33325		33314		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
USA		USA		7. This corporation owes the current year	
				Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KENNEY, TIMOTHY H 189 BRADLEY PL. PALM BEACH FL 33480		81 Name DAVID F. LEVY	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		4750 OAKES RD.	
		83 SUITE M	
		84 City DAVIE	
		FL	
		85 Zip Code 33314	

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 DAVID F. LEVY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D		1.1 TITLE	
NAME LEVY, DAVID F		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2776 E. OAKLAND PARK BLVD., #10		1.2 NAME	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		1.3 STREET ADDRESS	
		4750 OAKES RD., STE M	
		1.4 CITY-ST-ZIP	
		DAVIE, FL 33314	
TITLE D		2.1 TITLE	
NAME JAGLE, ARNALDO		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2776 E. OAKLAND PARK BLVD., #10		2.2 NAME	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		400002970234	
		-08/25/99--01081--013	
		***1050.00 ***150.00	
TITLE		3.1 TITLE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: DAVID F. LEVY

7/2/99 945815745

CR2E034 (5/99)

Timothy H. Kenney, P.A.

Attorney at Law
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189 Bradley Place
Palm Beach, Florida 33480-0708

Telephone
61) 833-8773

August 16, 1999

Fax # (561) 833-0543

Secretary of State
Division of Corporations
49 East Gaines Street
Tallahassee, FL 32399

Re: Annual Reports — Levy Corporations
Our File: LEY 4901

Dear Sir/Madam:

Please be advised that this office represents the following corporations:

1. SF 2 Academy, Inc.
2. Alpha Academy I, Inc.
3. Alpha Academy II, Inc.
4. Toddler Tech Academy - Davie, Inc.
5. Toddler Tech Academy - Fort Myers I, Inc.
6. Toddler Tech Academy - Fort Myers II, Inc.
7. Toddler Tech Academy - Miramar, Inc.

We have filed the Annual Reports and paid the late filing fees. However, I have been advised by my client that they never received the Annual Reports, hence the reason why they are late.

The Annual Reports were sent to an old address (2775 East Oakland Park Boulevard, #10, Fort Lauderdale, Florida 33308), however, the corporations moved from that address and the Annual Reports were not forwarded. Therefore, we would ask that you accept this letter as a request for a waiver of the late fees that have been paid and would ask for a refund of the late fee portion of the annual fees.

Your kind attention to this matter will be appreciated.

Very truly yours,

TIMOTHY H. KENNEY

THK:epw
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