FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36557** **(4)**

1. Corporation Name
ALP BOOKKEEPING, INC.

Principal Place of Business
~~4035 WITTWOOD CT.~~
~~ORLANDO FL 32817~~

Mailing Address
~~4035 WITTWOOD CT.~~
~~ORLANDO FL 32817~~

3. Date Incorporated or Qualified: 03/01/1991
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 2451 Econ Circle
Suite, Apt. #, etc.
22 #239
City & State
23 Orlando, Fl
Zip
24 32817
Country
25 Orange

2a. Mailing Address
26 P.O. Box 677562
Suite, Apt. #, etc.
27
City & State
28 Orlando, Fl
Zip
29 32867-7562
Country
30 Orange

4. FEI Number 59-3056198 ☐ 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

9. **Name and Address of Current Registered Agent**

CLARK, ALICIA L.
4035 WITTWOOD CT.
ORLANDO FL 32817

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	CLARK, ALICIA L.		1.2 NAME	Clark, Alicia L. 2451 Econ Circle
STREET ADDRESS	~~4035 WITTWOOD CT.~~		1.3 STREET ADDRESS	P.O. Box 677562 #239
CITY-ST-ZIP	~~ORLANDO FL~~		1.4 CITY-ST-ZIP	Orlando, Fl 32867-7562
TITLE	~~STD~~	☐ DELETE	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	CLARK, PAUL C.		2.2 NAME	Clark, Paul C.
STREET ADDRESS	4035 WITTWOOD CT.		2.3 STREET ADDRESS	4035 Wittwood Ct
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, Fl 32817
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	300001850795 -06/04/96--01093--025 ***200.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	5-1-96
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: Alicia L. Clark 4-20-96 407-678-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)