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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47960

(7)

ALPHA LAND DEVELOPMENT, INC.

Principal Place of Business Mailing Address
2165 LOGAN ST. 2165 LOGAN ST.
CLEARWATER FL 34625 CLEARWATER FL 34625-1312

## FILED Apr 15 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

							04/25/1991	03/	18/1996	•	
2. Principal	Place of Business	2a. Mailing	j Address			· · · · · · · · · · · · · · · · · · ·	4, FEI Number		Ap	plied For	
T		26					59-3064754		No	t Applicable	
Suite, Apl	l. #, etc.	<del> </del>	Apt. #, etc				5. Certificate of Status Desired		\$8.75 A		
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3	ate	28	State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip		Cou	intry		This corporation has liability for				
ון <u>-</u>	25	29		30	• •		1 =-		] No	193.002,	
· I	9. Name and Address of Cur		gent				10, Name and Address of New F	legistered	Agent		
HU	NT, NADA				81	Name					
2165 LOGAN ST.						82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34825						O COOL Floor	See (1.10) Con Herrico in that procept				
					В3						
				1	84	City			<b>85</b> Zip (	Code	
						-		FL	.   `   `		
office or	r registered agent, or both, in the St	tate of Florida. Suci	h change was a	authorized	d by	the corporati	oration submits this statement for the ion's board of directors. I hereby acc	purpose of	f changing it sointment as	s registered registered	
agent. I	am familiar with, and accept the ob	digations of, Section	n 607.0505, Fid	orida Stat	utes	š.	·	, , , , ,		·	
SIGNATURE	Signature typed or printed name of registered	f goard and tele d applical	No (NOT	(F: Ranielera:	d Ana	nt sional wa remain	ed when reinstaling!	DATE			
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4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). 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 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 clanged, at on an attachment with an addless.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

4/9/9/ Dilyime Proce