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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	V	198	194
		~ ~ ~	<i>_</i>	

1. Corporation Name

ALPHA EARLY EDUCATION CENTER, INC.

Principal Place of Business	Mailing Address
1969 LANTANA ROAD	1969 Lantana Road
LANTANA FL 33462	Lantana Fl 33462

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90070 033 ***158.75



DO NOT WRITE IN THIS SPACE

						3. Date incorporated or Qualified 01/27/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0321204 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional		
22	·	27				5. Certificate of Status Desired		
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible		
24	25	29	30 [Personal Property Tax. Yes No		
	9. Name and Address of Currer	nt Registered Agent	_	81	Name	10. Name and Address of New Registered Agent		
CHORICH MICHAEL D			Ì	of Name				
SMODISH, MICHAEL P. 555 N. CONGRESS AVENUE		Ī	82 Street Address (P.O. Box Number is Not Acceptable)					
	'E 301 NTON BEACH FL 33426		ľ	83				
вот	NIUN DEAUTI FL 33920		ļ	84	City	FL 85 Zip Code		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	autnonzed Iorida Statu	by u tes.	ne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered age			igent :	signature re	aquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1,1 1111					
NAME	HERRICK, ROBERT		1.2 NA					
STREET ADDRESS	1969 LANTANA ROAD		~ .		ADDRESS .			
CITY+ST-ZIP	LANTANA FL		1.4 CIT		ZIP	Change Addition		
TITLE		☐ DELETE	2.1 TITI			Creatige Addition		
NAME			2.2 NA		i			
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CITY-ST-ZIP		TO SELECT	2. 4 CI		- ZIP	☐ Change ☐ Addition		
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NAME			3.2 NA		i			
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TITLE		☐ DELETE	5.1 TIT		•	Cliange L'Audiab		
NAME			5.2 NA					
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CITY-ST-ZIP			5.4 CIT		ZIP	-N-C + 1 - N-C +		
TITLE		☐ DELETE	6.1 TTT			Change Additio		
NAME			6.2 NA					
STREET ADDRESS			ŧ		ADDRESS			
CITY-ST-ZIP	<u>.</u>		6.4 CIT	_		<u></u>		
44 I basaba	برياس والمروري والأوريس أأسان والمرورة والأراب	ith this filing doop not qualify t	or the even	nntio	n stated	d in Section 119 07(3)(i) Florida Statutes. I further certify that the information		

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), reclined Statutes. Interfer 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 changes, or on an attachment with an address, with all other like empowered.