

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M81496** (5)
1. Corporation Name
LA ALPHA SAA-LON, INC.



Principal Place of Business: **501 10TH ST. LAKE PARK FL 33403**
Mailing Address: **501 10TH ST. LAKE PARK FL 33403**

3. Date Incorporated or Qualified: **05/16/1988**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **65-0051334**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
MORRIS, ALONZO LEE
~~501 10TH ST.~~
~~LAKE PARK FL 33403~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **501 Blueberry Dr**
83
84 City: **LAKE WORTH** FL 85 Zip Code: **33463**

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 installing) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: _____
NAME: **D MORRIS, ALONZO LEE** DELETE
STREET ADDRESS: ~~501 10TH ST.~~
~~LAKE PARK FL~~
CITY - ST - ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: **P.D. MORRIS, ALONZO L.** Change Addition
1.3 STREET ADDRESS: **501 Blueberry Dr**
1.4 CITY - ST - ZIP: **LAKE WORTH FL 33463**
2.1 TITLE: _____
2.2 NAME: **ANDREW Y MORRIS** Change Addition
2.3 STREET ADDRESS: **501 Blueberry Dr**
2.4 CITY - ST - ZIP: **LAKE WORTH FL 33463**
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY - ST - ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY - ST - ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY - ST - ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
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: **Alonzo Morris** 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)