

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

**APPROVED AND FILED**

**95 APR 27 PH 1:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P25948 (1)**

**1. Corporation Name  
2743 ALPHA, INC.**

**Principal Place of Business Mailing Address  
320 W. HIGH ST. 320 W. HIGH ST.  
OVEIDO FL 32765 OVEIDO FL 32765  
US US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 09/06/1989 3a. Date of Last Report 06/02/1994**

**4. FEI Number 59-2956936 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**

**2. Principal Place of Business 2a. Mailing Address**  
**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 25 29 30**

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

**10. Name and Address of New Registered Agent**

**STONE, STEPHEN M.  
725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803**

**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	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	ARIE, JOHN	1.2 NAME	
STREET ADDRESS	320 W. HIGH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OVEIDO FL 32765	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	[ ] Change [ ] Addition
NAME	ARIE, LOIS	2.2 NAME	
STREET ADDRESS	320 W. HIGH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OVEIDO FL 32765	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
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 truthfully 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 biennial 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 its 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 checked, or on an attachment with an address.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Arie*

**4/23/95**  
Date

**(407)359-9010**  
Telephone Number