

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90008 044 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 333513

1. Corporation Name
THE ALPHABET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 386 ST. ARMANDS CIRCLE, SARASOTA FL 34236, US
 Mailing Address: THE ALPHABET INC., 386 ST. ARMANDS CIRCLE, SARASOTA FL 34236, US

3. Date Incorporated or Qualified: 08/07/1968
 4. FEI Number: 59-1215749
 5. Certificate of Status Desired: Applied For, Not Applicable, \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
LENZ, TERRY
 386 ST ARMANITS CIR
 SARASOTA FL 34231

10. Name and Address of New Registered Agent
 81 Name: ~~TERRY L. LENZ~~
 82 Street Address (P.O. Box Number is Not Acceptable): ~~3046 GYPSY ST.~~
 83: 386 ST. ARMANDS CIR
 84 City: SARASOTA, FL 85 Zip Code: 34231

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: LENZ, TERRY L	
STREET ADDRESS: 3046 GYPSY ST.	
CITY-ST-ZIP: SARASOTA, FL 00000	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: JENNY LENZ	
STREET ADDRESS: 3046 GYPSY ST.	
CITY-ST-ZIP: SARASOTA FL	
TITLE: S	<input type="checkbox"/> DELETE
NAME: TERRY L. LENZ	
STREET ADDRESS: 3046 GYPSY ST	
CITY-ST-ZIP: SARASOTA FL	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: TERRY L. LENZ 2/5/99 941-388-1505

CR2E034 (11/98)