

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048361

**Entity Name:** ALPHA BETA INSURANCE CORPORATION

**Current Principal Place of Business:**

7954 PINES BLVD.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7954 PINES BLVD.  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 20-2662199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, CARL C  
7954 PINES BLVD  
PEMBROKE PINES, FL 33024 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            WALKER, CARL C  
Address        4943 SW 122ND TERR  
City-State-Zip: COOPER CITY FL 33330

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL C WALKER

**DIRECTOR**

**04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date