

2016 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

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date