

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 588241 (0)

1. Corporation Name
ALPHA PERSONNEL, INC.



Principal Place of Business

10707 66TH STREET NORTH
SUITE B
PINELLAS PARK FL 34666
US

Mailing Address

10707 66TH STREET NORTH
SUITE B
PINELLAS PARK FL 34666
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

VINSON VIRGINIA D
10707 66 ST N, STE B
PINELLAS PARK FL 34666

3. Date Incorporated or Qualified

10/02/1978

3a. Date of Last Report

03/23/1995

4. FEI Number

59-1861806

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

10. Name and Address of New Registered Agent

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 file in applicable

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|---------------------|----------------------|------------------|--------------------------|
| PD | VINSON, VIRGINIA D. | 10707 66 ST N, STE B | PINELLAS PARK FL | <input type="checkbox"/> |
| T | BROCKWAY, MICHAEL S | 10707 66 ST N, STE B | PINELLAS PARK FL | <input type="checkbox"/> |
| S | FARLEY, BRUCE A | 10707 66 ST N, STE B | PINELLAS PARK FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | 5. DELETE |
|-----------------------|-------------------------|----------------------------------|---------------------|--|
| DIRECTOR, CHAIRMAN | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PRESIDENT | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SECRETARY-TREASURER | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V.P. (VICE PRESIDENT) | Jerome Patrick Brockway | 4454 SE 254 SC RD 427, Suite 228 | LONG WOOD, FL 32750 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 a attachment with an address.

SIGNATURE: *Virginia D. Vinson* VIRGINIA D. VINSON 3/6/96 (813) 544-5627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)