

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F83990**

(4)

1. Corporation Name
ALPHA GREASE AND OIL, INC.

FILED
Jul 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1982

4. FEI Number

59-2207390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

Principal Place of Business
**16142 VIA MONTEVERDE
DELRAY BEACH FL 33446
US**

Mailing Address
**PO BOX 811629
BOCA RATON FL 33481-1629
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HOLOWATY, ANDREW A. CPA
1920 E. HALLANDALE BCH BLVD
SUITE 805
HALLANDALE FL 33309**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DDP** ☒ DELETE

NAME **SHAPIRO, JEROME**
STREET ADDRESS **2751 S OCEAN DR. #408N**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SHAPIRO, JEROME** ☐ DELETE

NAME **SHAPIRO, JEROME**
STREET ADDRESS **16142 VIA MONTEVERDE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerome Shapiro

7-15-98 561-637-1111

CR2E034 (5/98)

(2)

July 17, 1998

Email: www.alphagoinc@aol.com



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

PER THE ATTACHED REPORT, PLEASE SEE THAT THE PRINCIPLE NAME AND ADDRESS OF THE OFFICER-DIRECTOR HAS BEEN CHANGED AND THAT THE FIRST NOTICE WAS NEVER RECEIVED AT THIS OFFICE.

THEREFORE, I AM ASKING YOU TO ACCEPT THE ENCLOSED CHECK IN FULL PAYMENT OF THE ANNUAL REPORT.

SINCERELY YOURS,


JEROME SHAPIRO

JS:cb:

P.O. BOX 811629 Boca Raton, Florida 33481-1629
(561) 637-5055 Fax: (561) 637-5057 NATIONWIDE WATS: 1-800-999-1887