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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F83990**

1. Corporation Name

ALPHA GREASE AND OIL, INC.

ncipal Place of Business	Mailing Address
42 VIA MONTEVERDE RAY BEACH FL 33446	PO BOX 811629 BOCA RATON FL 33481-1629 US

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90076 023 ***150.00



Principal Place	of Business	Mailing Address		·)(8(1 244(1 6)8)(24	B11 B1811 1881	
16142 VIA MONTEVERDE DELRAY BEACH FL 33446 US		PO BOX 811629 BOCA RATON FL 33481-1629 US		DO NOT WRITE IN THIS	SPACE		
		•		3. Date Incorporated or Qualifed 06/04/1982			
	ace of Business	2a. Mailing Address	•	4. FEI Number 59-2207390	<u> </u>	Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 A		
22	#, etc.	27		5. Certifcate of Status Desired	Fee Red	I	
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	- 1	
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible		
24	25	29 3	0	Personal Property Tax.	Yes	□No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	OWATY ANDDERWA CDA	N-in Wile	81 Name	OME Shapiro			
1	OWATY, ANDREW A. CPA	DEC'S PIGHT	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	E. HALLANDALE BCH BLVD		1614	12 VIA MOUTEVERDE	<u> </u>		
i	E 805		83			ĺ	
HALI	LANDALE FL 33309		84 City		85 Zip C	ode	
			DA	LAY BEACH . FL			
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of	i changing its i intment as rec	registered] iistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.	ion's board of directors. I hereby accept the appo			
SIGNATURE	- Audu 156	1 mis (nes		1-11-9	9		
	Signature, typed or printed name of registered age		egistered Agent signature require		UD DIDECTO	DC IN 42	
12.	DDP	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	SHAPIRO, JEROME		l i				
NAME	16142 VIA MONTEVERDE		1.2 NAME				
STREET ADDRESS	DELRAY BEACH FL 33446		1.3 STREET ADDRESS			į	
CITY-ST-ZIP	DELRAT BEACH PL 33446	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition	
TITLE			2.1 TILE 2.2 NAME				
NAME			2.3 STREET ADDRESS				
STREET ADDRESS				•			
CITY-ST-ZIP	·	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition	
NAME		<u></u>	3.2 NAME		. — •	_	
STREET ADDRESS			3.3 STREET ADDRESS			Ì	
!			3.4. CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-1-1-	Change	Addition	
NAME		_	4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME			•	
STREET ADORESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

(561> 637.5QT