

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:08

DOCUMENT # G76702 (1)

1. Corporation Name

ALPHA MANAGEMENT SERVICES, INC.

Principal Place of Business

P.O. BOX 296  
LLOYD FL 32337

Mailing Address

P.O. BOX 296  
LLOYD FL 32337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1983

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 130 Countryside Dr.

4. FEI Number

59-2357428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

28 Longwood 71

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

32779

Country

30 Seminole

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAZIER, S.L.  
296 MURMURING CREEK  
LLOYD FL 32337

10. Name and Address of New Registered Agent

81 Name

Harley-Lazier, S.L.

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 of Registered Agent required when transferring)

(Signature of Registered Agent required when resigning)

DATE

5/22/95

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | DP                  |
| NAME            | LAZIER, SAUNDRA     |
| STREET ADDRESS  | 296 MURMURING CREEK |
| CITY - ST - ZIP | LLOYD FL            |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1 1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | Harley-Lazier, SAUNDRA                                                       |
| 13 STREET ADDRESS  | 130 Countryside Dr                                                           |
| 14 CITY - ST - ZIP | Longwood 71 32779                                                            |
| 2 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 3 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 4 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 5 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 6 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

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 110.07(3)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Officer or Director)

President 4/14/95 407 7888213