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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

H68638

9. Name and Address of Current Registered Agent

(6)

ALPINE INDUSTRIES CORPORATION

FILED
May 12 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						
				3. Date Incorporated or Qualified		
				07/30/1985		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
7		26		59-2588659	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible	

VOGLER II, EDWARD 802-11TH STREET WEST BRADENTON FL 33505

		Must full b Complibition							
uni	lry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.							
Т		10. Name and Address of New Registered Agent							
8	11	Name							
8	2	Street Address (P.O. Box Number is Not Acceptable)							
8	13								
ã	14	City 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		ALCORE ALCORE	T-1/17/20 A	red when reinsisting) DATE		
	Signature, typed or printed name of registered agent and little the OFFICERS AND DIRECT		Hegistered Agent eignature requir			
12.				Change Addition		
TITLE	P	DELETE	1.1 TITLE	Citaille Civillat		
NAME	Broemel, Hans		1.2 NAME			
STREET ADDRESS	8118 TIMBER LAKE LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	BROEMEL, MONICA		2.2 NAME			
STREET ADDRESS	8118 TIMBER LAKE LANE		2.3 STREET ADDRESS			
CITY-ST-ZVP	SARASOTA FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	☐ 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		
HAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		☐ DELETE	6.1 TITLE	Change Addition		
NAME	1		6.2 NAME			
STREET ADORESS			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 suppliemental 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 perpention 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.

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