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 # M39430

ALPHADEC, INC.

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Principal Plac	e of Business	Mailing Address					C 1880(83)(C 1880 17)(8 38()) 4(388 C)	112 M M (1 M 1 M (1	. 41411 41511 4151	1 01011 01017 18 6 1	
10825 NW 33 ST							Do not wri	TE IN THI	IS SPACE		
							3. Date Incorporated or Qualifed				
				,			10/02/1986		1 .		-[
2. Principal Place of Business		2a. Mailing Address				1	FEI Number		-	Applied For	4 0
21(Suite, Apt. #, etc.		26 Suite, Apt. #, etc.					59-2734620	S A		lot Applicable	-
22						5. Certifcate of Status Desired	<u>X</u>	\$8.75 Additional		==	
City & State		City_& State				1 -	Election Campaign Financing	7		May Be	
23	Country	28 7in	<u></u>	ountry		+	Trust Fund Contribution			to Fees	\dashv
Zip	, Country	Zip	30	Juiluy			This corporation owes the curn Personal Property Tax.	ent year Ir	ntangible Yes	□No	
24	9. Name and Address of Curro	29 29 Agent	30	T		_	Name and Address of New R	Registered		<u></u>	+
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WEN	ININ, HELMUTH	***		20 0		(5)	O Developed to New Assessment	- Inda A			4
10825 NW 33 ST				82 Stre	et Adare	388 (P.	O. Box Number is Not Accepta	ibie)			
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				24 00				1.1741 A.1.1	85 Zip	Code 11 11	4
				84 City	,			· FI	L 85 ²¹⁶	Code	
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, Flo	authorize orida Sta	stutes.					ointment as t	egistered	
12.		,	L. Nogistore	ed Agent signat	ure required	l when rei	instating)	DATE			_ მ
	OFFICERS A	ND DIRECTORS	13		ure required		instating) DDITIONS/CHANGES TO OF				
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90065 045 ***158.75