FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # M65304 (1)

1. Corporation Name
ALPHA ENGINEERING OF LEE COUNTY INCORPORATED

[redacted]

Principal Place of Business
6315 Presidential Ct
Suite C
Ft. Myers, FL 33919
US

Mailing Address
6315 Presidential Ct
Suite C
Ft. Myers, FL 33919
US

3. Date Incorporated or Qualified: 01/20/1988
3a. Date of Last Report: ~~06/21/1996~~ 4/27/97

2. Principal Place of Business
21 6315 Presidential Court
Suite, Apt #, etc
22 Suite C
City & State
23 Fort Myers, FL
Zip 24 33919 Country 25 USA

2a. Mailing Address
26 6315 Presidential Court
Suite, Apt #, etc
27 Suite C
City & State
28 Fort Myers, FL
Zip 29 33919 Country 30 USA

4. FEI Number: 65-0027391 Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
STRAUSS, HARVEY
3009 SOUTHEAST 16TH PLACE
CAPE CORAL FL 33904

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: Harvey Strauss 5/1/98
Signature of registered agent, if applicable — NOTE: Registered agent signature required when resignation — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P [ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	STRAUSS, HARVEY	12 NAME	
STREET ADDRESS	3009 SE 16TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	ST [ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	STRAUSS, CAROLINE A.	22 NAME	
STREET ADDRESS	3009 SE 16TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: Harvey Strauss 5/1/98
SIGNATURE OF OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date