## 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 # M88220** 1. Corporation Name

LEVESQUE, PAUL W., JR.

STREET ADDRESS

ALTERNAPOWER GENERATOR COMPANY, INC.

Principal Place of Business	Mailing Address % Paul W. Levesoue. Jr. 12110 59TH ST. N. ROYAL PALM BEACH FL 33411				
% Paul W. Levesque, Jr. 12110 59th St. N. ROYAL PALM BEACH FL 33411					
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt, #, etc.				
City & State	City & State				
Zip Country	Zip Country				

29

9. Name and Address of Current Registered Agent

May 04, 1999 8:00 am Secretary of State

05-04-1999 90180 008 \*\*\*158.75

48374\$ - 90180 - \$	5 +

DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

06/27/1988 4. FEI Number

65-0061593

1211	0 59TH ST. N.	62	Street Address (F.O. Box Number is Not Acceptable)					
ROYAL PALM BEACH FL 33411								
			84	City		FL	85 Zip C	ode
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I m familiar with, and accept the obligation	Florida. Such change was autho	rized by	the corporation	oration submits this statem n's board of directors. I he	ent for the purpose of ereby accept the appo	changing its intment as reg	egistered istered
SIGNATURE			<del> </del>			DATE		
	Signature, typed or printed name of registered agent an			t signature required			UD DIDECTO	DC IN 10
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS A	☐ Change	Addition
TITLE	PD	נין טבנבונ		ļ			ottorido	
NAME	LEVESQUE, PAUL W., JR.		1.2 NAME					
STREET ADDRESS	·····	•	1.3 STREET					
CITY-ST-ZIP	ROYAL PALM BCH. FL		1.4 CITY-S	ſ-ZiP	<del>-</del>		Channe	Addition
TITLE	STD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	LEVESQUE, MARYLN L.	I	2.2 NAME	ĺ				
STREET ADDRESS	12110 59TH ST. N.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ROYAL PALM BCH. FL		2.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE	ĺ			☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS		·	3.3 \$TREE1	ADDRESS				
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TITLE		☐ DELETE	4.1 TITLE			•	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS		ĺ	4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-zip			_	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	j				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		j	5.4 CITY-S	T-ZIP				
TITLE			6.1 TITLE			<del></del>	Change	☐ Addition
NAME		_	6.2 NAME					
STREET ADDRESS		j	6.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP

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.

81 Name