

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 # P12209

1. Corporation Name  
ALPHA-LINE INVESTMENTS, INC.

FILED  
Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90004 002 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 CIRCLE 75 PARKWAY, SUITE 750 ATLANTA GA 30339		Mailing Address 900 CIRCLE 75 PARKWAY, SUITE 750 ATLANTA GA 30339	
2. Principal Place of Business.		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
9. Name and Address of Current Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
3. Date Incorporated or Qualified 11/19/1986			
4. FEI Number 58-1700200			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE		13. 1.1 TITLE	
1. ME		1.2 NAME	
2. STREET ADDRESS		1.3 STREET ADDRESS	
3. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
4. TITLE		2.1 TITLE	
5. ME		2.2 NAME	
6. STREET ADDRESS		2.3 STREET ADDRESS	
7. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
8. TITLE		3.1 TITLE	
9. ME		3.2 NAME	
10. STREET ADDRESS		3.3 STREET ADDRESS	
11. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
12. TITLE		4.1 TITLE	
13. ME		4.2 NAME	
14. STREET ADDRESS		4.3 STREET ADDRESS	
15. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
16. TITLE		5.1 TITLE	
17. ME		5.2 NAME	
18. STREET ADDRESS		5.3 STREET ADDRESS	
19. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
20. TITLE		6.1 TITLE	
21. ME		6.2 NAME	
22. STREET ADDRESS		6.3 STREET ADDRESS	
23. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

770-831-1987

CR2E034 (11/98)