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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25948

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2743 ALPHA, INC.

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FILED Apr 15 1997 8:00am Secretary of State



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320 W. HIGH	ce of Business 81.		ailing Address O W. HIGH ST.				7		
OVIEDO FL 3			/EIDO FL 32765-8703						
US		US	•			3. Date Incorporated or Qualified 09/06/1989	3a. Date of L. 04/26/19		port
2. Principal	Place of Business	2a.	Mailing Address			4. FEI Number			plied For
21		26				59-2956936		Not	Applicable
Suite, Ap	t #, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	75 A	dditional guired
22 City & Sti	ale		City & State			6. Election Campaign Financing	 		May Be
23		28	•			Trust Fund Contribution			Fees
Zψ	Country	-	Zip	Cour	ntry	8. This corporation has liability for I	ntangible tax un	der s.	199.032,
24	25	29		30		Florida Statutes	Yes No		
	9. Name and Address of C	Current Regis	tered Agent			10. Name and Address of New Re	gistered Agent		
AR	E, JOHN				81 Name				
	O WEST HIGH STREET			}	82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	MEDO FL 32765				Olicer Ad	GIOGO (1.0. DOX HOMINO) IS NOT ACCOPTION	·~/		
Ψ.				Ī	83				
					84 City		65	Zip C	Code
							FL "		
11. Pursuar	it to the provisions of Sections 60	07.0502 and 6	07.1508, Florida Statu	ites, the at	xove-named co	progration submits this statement for the presence of directors. It hereby accept	urpose of chang at the appointme	ging its int as i	s registered registered
agent. I	am familiar with, and accept the	obligations o	1, Section 607.0505, F	lorida Stati	utes.	orporation submits this statement for the p ration's board of directors. I hereby accep	, alo uppontano		og.o.o.o.
SIGNATURE									
	The state of the s								
40	Stgrahm, typed or protectname of registr				1 Agent signature rec	quired when reinstating)	DATE ERS AND DIREC	CTOR	S IN 12
12.	OFFICE	ered agent and tille RS AND DIREC	CTORS	13.		guired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
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4. I do horseby certify that the information supplied with this filing affects 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 direction of this corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #