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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000011676**1. Corporation Name

ALPHA & OMEGA UNIVERSE, INC.

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Principal Place	e of Business	Mailing Address] 190/1984 (18 30/00 14)(5 00/14 00/14 00/14 0	AMA IIANI IIAKA AISII E	
7232 SAND LAN		7232 SAND LAKE ROAD			· ·		
STE 102 STE 102			•				
ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN T	HIS SPACE	
US		us			3. Date Incorporated or Qualifed		
					02/08/1993		-5-15
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied For t Applicable
21		26			59-3165516	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		quired
City & State		City & State			6, Election Campaign Financing	\$5.00	
<u> </u>	e	28			Trust Fund Contribution	Added to	
Zip	Country		Country		8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Curren				10. Name and Address of New Register	red Agent	
			81	Name	-		
FERI	REIRA, SAULO D		82	Stroot Arts	dress (P.O. Box Number is Not Acceptable)	·	
	2 SAND LAKE ROAD		62	Sileet Aut	iress (P.O. Box Number is Not Acceptable)		
STE	102		83				
ORL	ANDO FL 32819		-	0.1		85 Zip C	Code
			84	City		FL 85 Zip C	Joue
office or re	refistered agent, or both, in the State (of Florida. Such change was author	rized by	tne corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE	- Cip P	HILLIP KUS, PR	<u>C122</u>	DENT	red when reinstating) OATE	199 (M
SIGNATURE	Signature, typed or printed name of registered agent	HILLIP KUS, PR	<u>C122</u>	DENT	4)+	44 (PRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	tions of Section 607.0505, Florida HTLLP CONTROL (NOTE: Regit D DIRECTORS	stered Agen	DENT	red when reinstating) OATE	44 (M)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	HILLP COST (NOTE: Registro) In and bite if epplicable. (NOTE: Registro) D DIRECTORS	stered Agen	DENT	red when reinstating) OATE	AND DIRECTO	PRS IN 12
SIGNATURE 12.	Signature, typed or printer name of registered agen OFFICERS AN	tions of, Section 607.0505, Florida HTTP COST POINT (NOTE: Regis D DIRECTORS	stered Agen 13. 1.1 TITLE	it signature requir	red when reinstating) OATE	AND DIRECTO	PRS IN 12
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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 or Block 14 or Block 1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRÉSS

CITY-ST-ZIP

PHILIREKUDPIRESIDENT

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90026 036 ***150.00