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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046431

1. Corporation Name
ALPHA REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~2198 MAIN ST~~	~~2198 MAIN ST~~
~~STE 301~~	~~STE 301~~
~~SARASOTA FL 34237~~	~~SARASOTA FL 34237~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1993

2. Principal Place of Business	2a. Mailing Address
21 3005 Caring Way	26 3005 Caring Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite A	27 Suite A
City & State	City & State
23 Port Charlotte, FL	28 Port Charlotte, FL
Zip / Country	Zip / Country
24 33952 25 USA	29 33952 30 USA

4. FEI Number: 65-0420903 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~JAENSCH, PETER J.~~ ~~2198 MAIN ST~~ ~~STE 301~~ ~~SARASOTA FL 34237~~ no longer Reg. Agent	81 Name: J. Scott Joiner 82 Street Address (P.O. Box Number is Not Acceptable): 3005 Caring Way 83: Suite A 84 City: Port Charlotte FL 85 Zip Code: 33952

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] 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HELDMANN, GERHARD		1.2 NAME		
STREET ADDRESS	53055 AJENIDA JUAREZ		1.3 STREET ADDRESS		
CITY-ST-ZIP	LA QUINTA CA 92253		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELDMANN, MARTIN		2.2 NAME		
STREET ADDRESS	53055 AJENIDA JUAREZ		2.3 STREET ADDRESS		
CITY-ST-ZIP	LA QUINTA CA 92253		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHROEDER, ULRICH		3.2 NAME		
STREET ADDRESS	1775 JAMAICA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	33950	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: [signature] Ulrich Schroeder 3/23/99 941 - 629-1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)