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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90037 049 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P93000079324**

1. Corporation Name
ALPHA MRC, INC.



Principal Place of Business Mailing Address
 225 MANOR DRIVE MERRITT ISLAND FL 32926 3207 BUCKINGHAM LANE COCOA FL 32926
48 2425 N. COURTENAY PKWY. SUITE 9 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **2425 N. COURTENAY PKWY** Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE 9** 27
 23 **MERRITT ISLAND FL** City & State City & State
 24 **32953** 25 **USA** 29 Zip Country 30

3. Date Incorporated or Qualified
01/02/1994
 4. FEI Number **59-3225055** 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
CONSTANTINIDE, MICHAEL F
3207 BUCKINGHAM LANE
COCOA FL 32926

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CONSTANTINIDE, MICHAEL F
STREET ADDRESS	3207 BUCKINGHAM LANE
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> DELETE
NAME	CONSTANTINIDE, ROXANA R
STREET ADDRESS	3207 BUCKINGHAM LANE
CITY-ST-ZIP	COCOA FL 32926
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE PRESIDENT / PRINCIPAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR / PRESIDENT / CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

SIGNATURE: Roxana R. Constantinide PRESIDENT/CEO 1-18-99 407.449.9455

CR2E034 (11/98)