

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

05 MAY -1 AM 4:21

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048505 (9)

1. Corporation Name

ALPHA INVESTMENT SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1680 HWY. A1A
SATELLITE BEACH FL 32937**

Mailing Address
**P.O. BOX 372409
SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3249889** Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23. City & State

28. City & State

8. This corporation has liability for intangible tax under § 199.002,
Florida Statutes. ☐ Yes ☒ No

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901**

81. Name **KENNETH R. WALL**
82. Street Address (P.O. Box Number is Not Acceptable)
1680 HIGHWAY A1A

83. City **SATELLITE BEACH** FL 85 Zip Code **32937**

11. Pursuant to the provisions of Sections 607.0801 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am further authorized to accept this change of Sections 607.0801 and 607.1508, Florida Statutes.

SIGNATURE *Kenneth R. Wall* **Kenneth R. Wall** **4/26/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (P. 12)

1. NAME **D WALL, KENNETH R**
2. STREET ADDRESS **1680 HWY. A1A**
3. CITY, ST. ZIP **SATELLITE BEACH FL 32937**

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST. ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST. ZIP

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. NAME ☐ Change ☐ Addition

24. NAME ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(a), Florida Statutes. I further certify that this information included 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 personally. That I am an officer or director of this 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 of this report or on any attachment with an address.

SIGNATURE:

Kenneth R. Wall **Kenneth R. Wall** **4/26/95**

407-777-6552

P014-418505

KENNETH R. WALL, P.A.

FINANCIAL SERVICES

Spanish Trace • 1680 Highway A1A
P.O. Box 372408
Satellite Beach, Florida 32937
(407) 777-6552

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32303-1500

April 27, 1995

Please acknowledge receipt of the following forms by signing,
dating and returning this letter in the attached return envelope:

<u>FORM</u>	<u>NAME</u>	<u>I.D. NUMBER</u>	<u>PAYMENT</u>
C.A.R.	Kenneth R. Wall, PA	K38973	\$200.00
C.A.R.	Business Investors Realty, Inc.	K35269	\$200.00
C.A.R.	Alpha Investment Services, Inc.	P94000048505	\$200.00

RECEIVED BY: _____

DATE RECEIVED _____

Certified mail: Z 785 694 021

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CONFIRMATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE (904) 498-0001
FACSIMILE (904) 498-0002

ADVISED
FILED

DOCUMENT # P94000049778 (1)

INTERSTATE BUSINESS PARK, INC.

% GARCIA ENTERPRISES
7237 BRYAN DAIRY RD
LARGO FL 34647

% GARCIA ENTERPRISES
7237 BRYAN DAIRY RD
LARGO FL 34647

% GARCIA ENTERPRISES

3. Certificate expires 12/31/95
07/06/1994

2. Filing Office: TAMPA
21. % GARCIA ENTERPRISES
22. 7243 BRYAN DAIRY RD
23. LARGO, FL
24. 34647
25. PINELLAS
26. 7243 BRYAN DAIRY RD
27. LARGO, FL
28. LARGO, FL
29. 34647
30. PINELLAS

4. FE Number: 59-3261735
5. Certificate of Status Desired: ☐ ☒
6. Election Campaign Financing: ☐ ☒
7. The corporation has liability to shareholders under 190.01, Florida Statutes: ☐ ☒

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, MARTIN L
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

81. Name
82. Street Address (P.O. Box Number, Not Applicable)
83.
84. City
85. State: FL

11. I, the undersigned, being a resident of this state, and being the duly authorized representative of the corporation named herein, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the matters herein stated, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE OF OFFICER OR DIRECTOR: _____

12. OFFICERS AND DIRECTORS
PRESIDENT
MANUEL GARCIA
4933 NEW PROVIDENCE
TAMPA, FL 33629
VP & SECRETARY
MARTIN L. GARCIA
1613 S GULBREATH # 1545
TAMPA, FL 33629
VP
MARSHALL J. GARCIA
16011 AMBERLY DR.
TAMPA, FL 33641
VP & TREASURER
MYRNA G. HAAG
413 ROYAL PALM WAY
TAMPA, FL 33609
13. ADAPTED FROM FORM 100, 100-1, 100-2, 100-3, 100-4, 100-5, 100-6, 100-7, 100-8, 100-9, 100-10, 100-11, 100-12, 100-13, 100-14, 100-15, 100-16, 100-17, 100-18, 100-19, 100-20, 100-21, 100-22, 100-23, 100-24, 100-25, 100-26, 100-27, 100-28, 100-29, 100-30, 100-31, 100-32, 100-33, 100-34, 100-35, 100-36, 100-37, 100-38, 100-39, 100-40, 100-41, 100-42, 100-43, 100-44, 100-45, 100-46, 100-47, 100-48, 100-49, 100-50, 100-51, 100-52, 100-53, 100-54, 100-55, 100-56, 100-57, 100-58, 100-59, 100-60, 100-61, 100-62, 100-63, 100-64, 100-65, 100-66, 100-67, 100-68, 100-69, 100-70, 100-71, 100-72, 100-73, 100-74, 100-75, 100-76, 100-77, 100-78, 100-79, 100-80, 100-81, 100-82, 100-83, 100-84, 100-85, 100-86, 100-87, 100-88, 100-89, 100-90, 100-91, 100-92, 100-93, 100-94, 100-95, 100-96, 100-97, 100-98, 100-99, 100-100

14. I, the undersigned, being a resident of this state, and being the duly authorized representative of the corporation named herein, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the matters herein stated, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE: _____
Martin L. Garcia

4/15/95 (813) 545-0788