

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000028581 (3)

1. Corporation Name
ALPHA CONSULTING, INC.

Principal Place of Business
3450 S OCEAN BLVD #401
HIGHLAND BEACH FL 33487

Mailing Address
C/O KLEP CORPORATION
28740 MOUND RD
WARREN MI 48092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 194 SPINNAKER DRIVE		26 194 SPINNAKER DRIVE		04/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		38-3234644	
City & State		City & State		Applied For	
23 VERO BEACH, FL		28 VERO BEACH, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32963		29 32963		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOURNIAS, WILLIAM JR 3450 S OCEAN BLVD #401 HIGHLAND BEACH FL 33487				81 Name BOURNIAS, WILLIAM SR			
				82 Street Address (P.O. Box Number is Not Acceptable) 194 SPINNAKER DRIVE			
				83			
				84 City VERO BEACH			
				85 Zip Code 32963			

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 *William Bournias, Jr.* DATE 4-25-98
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				PRESIDENT			
STREET ADDRESS				1.2 NAME			
CITY-ST-ZIP				BOURNIAS, WILLIAM SR			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				VERO BEACH, FL 32963			
TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
				3.1 TITLE			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE			
				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.

SIGNATURE *William Bournias, Jr.* DATE 4-25-98 521-731-1625

CR2E034 (10/97)