FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 Late Fee

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000053011 (9)**

1. Corporation Name

ALPHA LAM, INC.

Principal Place of Business	Mailing Address
~~2894 REMINGTON GREEN LANE~~ ~~SUITE B~~ TALLAHASSEE FL 32308	~~2894 REMINGTON GREEN LANE~~ ~~SUITE B~~ TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2928 Wellington Circle S.
Suite, Apt. #, etc.
22 Suite 201
City & State
23
Zip / 24
Country / 25

2a. Mailing Address
26 2928 Wellington Circle S.
Suite, Apt. #, etc.
27 Suite 201
City & State
28
Zip / 29
Country / 30

4. FEI Number: 59-3336359 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VISCONTI, FRANK
~~2894 REMINGTON GREEN LANE~~
~~SUITE B~~
TALLAHASSEE FL 32308
2928 Wellington Cr. S.
Suite 201

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 _____ (Signature typed or printed name of registered agent and title if agent is a corporation) (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	Frank Visconti	
STREET ADDRESS	2928 Wellington Cr. S., Ste. 201	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	V/P	☐ DELETE
NAME	Malcolm R. Cairns	
STREET ADDRESS	2928 Wellington Cr. S., Ste. 201	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	V/P	☐ DELETE
NAME	Tim O'Brien	
STREET ADDRESS	2928 Wellington Cr. S., Ste. 201	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	300001920559	☐ Change ☐ Addition
4.2 NAME	-08/13/96--01120--029	
4.3 STREET ADDRESS	***25.00	
4.4 CITY-ST-ZIP		
5.1 TITLE	500001920585	☐ Change ☐ Addition
5.2 NAME	-08/13/96--01120--030	
5.3 STREET ADDRESS	***144.44	
5.4 CITY-ST-ZIP		
6.1 TITLE	200001920582	☐ Change ☐ Addition
6.2 NAME	-08/13/96--01120--031	
6.3 STREET ADDRESS	***55.56	
6.4 CITY-ST-ZIP		

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 119.07(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 [redacted] 4/25/96 Date 904-668-2211 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank L. Visconti, President

ES 8/13/96

0028385 CP

CR2E034 (12/95)