

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90096 007 ***163.75

DOCUMENT # P96000032626

1. Corporation Name
ALPHA-OMEGA INTERNATIONAL, INC.

Principal Place of Business

205 E CENTRAL BLVD
SUITE 304
ORLANDO FL 32801

Mailing Address

1342 E VINE ST
#399
KISSIMMEE FL 34744
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

59-3381897

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

2. Principal Place of Business

21 224 ROYAL PALM DRIVE

2a. Mailing Address

26 224 ROYAL PALM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE, FLORIDA

City & State

28 FORT LAUDERDALE, FLORIDA

Zip Country

24 33301 25 USA

Zip Country

29 33301 30 USA

9. Name and Address of Current Registered Agent

NISI, FRANK P JR
205 E CENTRAL BLVD
SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name NISI, FRANK P. JR

82 Street Address (P.O. Box Number is Not Acceptable)
918 ORANGE AVE, STE B.

83

84 City WINTER PARK FL 85 Zip Code 32789

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS
NAME MATTHEE, MARGUOT MARIA
STREET ADDRESS 1342 VINE ST #399
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTS ☒ Change ☐ Addition

1.2 NAME MATTHEE, MARGUOT MARIA

1.3 STREET ADDRESS 224 ROYAL PALM DRIVE

1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Marguot Matthee

4/3/1999

(954) 610-7641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0662005