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FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096797 (1)

1. Corporation Name
ALPHA TO ZULU SERVICES, INC.



Principal Place of Business

Mailing Address

2503 NW 49 COURT
TAMARAC FL 33309

2503 NW 49 COURT
TAMARAC FL 33309-2962

2. Principal Place of Business

2a. Mailing Address

21 4613 NW 47 ST
Suite, Apt. #, etc.

26 4613 NW 47 ST
Suite, Apt. #, etc.

22 City & State
TAMARAC FL

27 City & State
TAMARAC FL

23 Zip Country
33319 BROWARD

28 Zip Country
33319 BROWARD

3. Date Incorporated or Qualified

3a. Date of Last Report

11/19/1996

4. FEI Number

Applied For

65-0710646

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

10. Name and Address of New Registered Agent

MARTIN, DONALD S
3000 N FEDERAL HWY BLDG 8
FT LAUDERDALE FL 33306

81 Name
NEWTON, DONALD S. SR.

82 Street Address (P.O. Box Number Is Not Acceptable)
3000 N FEDERAL HWY BLDG 8

83

84 City
FT. LAUDERDALE

FL

85 Zip Code
33306

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME President
STREET ADDRESS Emily M. Burr
CITY - ST - ZIP 4613 NW 47 ST
TAMARAC FL 33319 ☐ DELETE

1.1 TITLE
1.2 NAME PRESIDENT
1.3 STREET ADDRESS WILLIAM H. BURR
1.4 CITY - ST - ZIP 4613 NW 47 STREET
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TAMARAC FL 33319 ☐ DELETE

2.1 TITLE
2.2 NAME VICE PRESIDENT
2.3 STREET ADDRESS EMILY M. BURR
2.4 CITY - ST - ZIP 4613 NW 47 STREET
TAMARAC, FL 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 H. Burr
WILLIAM H. BURR

4/25/97 (954) 484-7198
Daytime Phone # 000000

CR2E034 (9/96)