

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

09-23-1999 90008 017 \*\*\*130.00  
P96000100563

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000100563

1. Corporation Name

ALPHA TRADING ENTERPRISES, INC.

Principal Place of Business  
5709 MASTERS BOULEVARD  
ORLANDO FL 32819

Mailing Address  
5709 MASTERS BOULEVARD  
ORLANDO FL 32819

FILED  
99 SEP 28 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|   |  |                         |  |  |  |
|---|--|-------------------------|--|--|--|
| 2. Principal Place of Business                                  |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified<br>12/12/1996  |  |
| 21. Suite, Apt. #, etc.   |  | 26. Suite, Apt. #, etc. |  | 4. FEI Number<br>59-3414149  |  |
| 22. City & State  |  | 27. City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23. Zip   |  | 28. FL                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24. Country   |  | 29. FL                  |  | 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 9. Name and Address of Current Registered Agent                 |  |                         |  | 10. Name and Address of New Registered Agent   |  |
| HARRIS, MATTHEW E<br>5709 MASTERS BOULEVARD<br>ORLANDO FL 32819 |  |                         |  | 81. Name<br>HARRIS, MATTHEW E<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>6101 DARTMOOR COURT<br>83. Orlando, FL 32819<br>84. City<br>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 applicable.

(NOTE: Registered Agent signature required when reappointing)

9/12/99

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|------------------------------------|---|---------------------|
| TITLE                      | PS                                 | 1.1 TITLE   | President           |
| NAME                       | HARRIS, MATTHEW E                  | 1.2 NAME  | 6101 Dartmoor Court |
| STREET ADDRESS             | 5709 MASTERS BOULEVARD             | 1.3 STREET ADDRESS                                    | Orlando, FL 32819   |
| CITY-STATE-ZIP             | ORLANDO FL 32819                   | 1.4 CITY-STATE-ZIP                                    |                     |
| TITLE                      | VPT                                | 2.1 TITLE   | Delete please       |
| NAME                       | SRINIVASAN, SANJAY                 | 2.2 NAME  |                     |
| STREET ADDRESS             | 5506 ISLESWORTH COUNTRY CLUB DRIVE | 2.3 STREET ADDRESS                                    |                     |
| CITY-STATE-ZIP             | ORLANDO FL 34786                   | 2.4 CITY-STATE-ZIP                                    |                     |
| TITLE                      |                                    | 3.1 TITLE   |                     |
| NAME                       |                                    | 3.2 NAME  |                     |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |                     |
| CITY-STATE-ZIP             |                                    | 3.4 CITY-STATE-ZIP                                    |                     |
| TITLE                      |                                    | 4.1 TITLE   |                     |
| NAME                       |                                    | 4.2 NAME  |                     |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |                     |
| CITY-STATE-ZIP             |                                    | 4.4 CITY-STATE-ZIP                                    |                     |
| TITLE                      |                                    | 5.1 TITLE   |                     |
| NAME                       |                                    | 5.2 NAME  |                     |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |                     |
| CITY-STATE-ZIP             |                                    | 5.4 CITY-STATE-ZIP                                    |                     |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/99 876-8691

CR2E034 (5/99)

6101 DARTMOOR COURT  
ORLANDO, FL 32811  
TEL. (407) 876-8691  
FAX. (407) 8765-8689.

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## ALPHA TRADING ENTERPRISES

September 12<sup>th</sup>,

FLORIDA DEPARTMENT OF STATE  
Divisions of Corporations.  
P.O. Box 6327,  
Tallahassee, FL 32302-1500.

Dear Sir,

Per a conversation today with a clerk at your office, I am writing to you top ask that the late charge be waved. The reason that I am asking for you to help me, is that I have changed my address and the mail is being forwarded to the new location. In some cases I receive mail late in others I do not ever receive it. If you could please help me in any way it would be extremely appreciated.

The correct address is: P.O. Box 2655-windermere, FL 34786.

In closing thank you for reviewing my case, I hope that you can help me in some way.

Sincerely,



Matthew E Harris.