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May 02 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 # P96000102103 (4)

1. Corporation Name
ALPHA/AMDEV, INC.



Principal Place of Business

237 ERNESTINE STREET
ORLANDO FL 32801

Mailing Address

237 ERNESTINE STREET
ORLANDO FL 32801-3632

3. Date Incorporated or Qualified

12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Po Box 3789 Suite, Apt. #, etc.

27 City & State

28 Orlando FL Zip Country

29 32802 30 USA

4. FEI Number

59-3416583

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

MOORE, DONALD L JR.
237 ERNESTINE STREET
ORLANDO FL 32801

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

P/D/AS
DONALD L. MOORE JR
237 ERNESTINE ST
ORLANDO FL 32801

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

D/V/AS
MARY DEMETREE
3348 EDGEWATER DR
ORLANDO FL 32804

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

V/AS
WILLIAM DEMETREE
3348 EDGEWATER DR
ORLANDO FL 32804

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

V/AS
DONALD L. MOORE SR
237 ERNESTINE ST
ORLANDO FL 32801

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

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/23/97

407 648-090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 6000800

CR2E034 (9/96)