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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000012142 (0)

1. Corporation Name
ALPHASOUTH CORPORATION

Principal Place of Business
3400 GULF BOULEVARD
SUITE 303
BELLEAIR BEACH FL 33785

Mailing Address
3400 GULF BOULEVARD
SUITE 303
BELLEAIR BEACH FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1997

4. FEI Number
52-2018798

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 244 ALWINGTON PL.

2a. Mailing Address
26 P.O. BOX 876

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 KINGSTON, ONTARIO

City & State
28 KINGSTON, ONTARIO

Zip Country
24 K7L4P8 25 CANADA

Zip Country
29 K7L4X8 30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACCURATE FILING & SEARCH SERVICES
3424-18 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GERACIMO, ANTHONY
STREET ADDRESS 3400 GULF BOULEVARD, SUITE 303
CITY-ST-ZIP BELLEAIR BEACH FL 33785

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME GERACIMO, ANTHONY
1.3 STREET ADDRESS 244 ALWINGTON PL
1.4 CITY-ST-ZIP KINGSTON, ONTARIO CANADA K7L4P8

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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/20/98 613 549-3335

CR2E034 (10/97)