**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEFARTMENT OF STATE

## Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90028 034 \*\*\*150.00

DOCU	MENT # P97000	031177							
ALPHA A	AND OMEGA SERVICE INC.								
Principal Place	e of Business	Malling Address				IMI tim coeri imbir mavit on	tri Breis anfañ	tivill fr <b>ent</b> reat	i bars sant rans
8420 ULMERTO	N RD	434 WESTVEW ROAD							
STE 412 LARGO FL 33770						וסאו דחוו הח	7E IN T 11S	SDACE	
LARGO FL 33771					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
us					04/04/19	•			
2. Oringin at D	lace of Business	2a, Mailing Address			4. FEI Numb			I Ac	plied For
	westview Rol	26			1	PLICABLE		<u> </u>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.					0	\$8.75	Additional
<b>├</b> ┐	,,	27			5. Certificate	of Status Desired		Fee R	quired
22 /_ /4 - 5 ( ) ; / - ( )		City & State			6. Election C	ampaign Financing			May Be
33770		28		Trust Fund	Contribution		Added	to Fees	
Zip	Country	Zip	Country		1 **	ration owes the curr	rent year int	angible	,Etho
24	25	_ <u> </u>	30			Property Tax.  Address of New F	Dogistored		1200
	9. Name and Ad Ireas of Curre	rt Registered Agent	81	Name	TU, Mainir aik	Monicas of Man	(egiste.ea	Ayont	
WIEDER, TED									
434 WESTVEIW ROAD			82	Street Add	ress (P.O. Bcx Nu	mber is Not Accepta	able)		İ
	GO FL 33770		83	<del> </del>					
	30 12 33.14								
			84	City			FL	85 Zip	Code
44 Buonisot	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s. the above	e-named com	oration submits th	is statement for the	ournose of	changing its	registered
	to the provisions of Sections 607.05/ registered agent, or both, in the State or familiar with, and accept the obligi				on's board of direc	ctors. I hereby acces	pt the acpoi	ntment as re	jistered
agentia	m familiar with, and accept the obliga	Baons of, Section 607.0005, Pion	ioa siatutes	•					
SIGNATU RE	Signature, typed or printed r ame of registered age	u t and title if applicable. (NO FE:	Registered Ager	nt signature re wire	ed when reinstating)		DATE		
12.	OFFICERS AI	OFFICERS AND DIRECTORS			ADDIT ONS	CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE	ľ				Change	☐ Addition
NAME	WIEDER, TED		12 NAME	]					
STREET ADDRESS			13 STREE	TADDRESS					
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-S	T-ZIP				Change	Addition
TITLE		DELETE	21 TITLE	İ				□ owerâe	
NAME			22 NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		☐ DELETE	2.4 CITY - S 3.1 TITLE	T- ZIP				Change	Addition
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NAME	ļ		3.2 NAME	ADDRESS					•
STREET ADDRESS			3.4. CITY-5	1					
CITY-ST-ZIP		DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 NAME	1					
STREET ADOR :SS			4.3 STREE	ADDRESS					i
CITY-ST-ZIP			4.4 CITY+S						
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STREET ADDRESS			5.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE	<del></del>	O DELETTE	6.1 TITLE	- 1				Change	☐ Addition
1		☐ DELETE						_	1
NAME		C DELETE	6.2 NAME						
NAME STREET ADDR.:SS		C DETEIF	6.2 NAME	T ADDRESS					

14. I hereby certify that the informs tion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further sertify that the information indicated on this annual report or supplemental annual report is true and absurate and that my signature shall have the same legal effect as if made under oath; that I am 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 app∉ars in Block 12 or Block 13 if changes, or on an attactment with an address, with all other like empowered.

SIGNATURE:

D OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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