


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90028 034 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000031177**

1. Corporation Name

**ALPHA AND OMEGA SERVICE INC.**

Principal Place of Business

**8420 ULMERTON RD**  
**STE 412**  
**LARGO FL 33771**  
**US**

Mailing Address

**434 WESTVIEW ROAD**  
**LARGO FL 33770**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**04/04/1997**

2. Principal Place of Business

**21 434 Westview Rd**  
 Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

**22 Largo, FL**  
 City & State

27 City &amp; State

**23 33770**  
 Zip

28 Zip

Country

29 Zip

Country

**24**
**25**
**29**
**30**

9. Name and Address of Current Registered Agent

**WIEDER, TED**  
**434 WESTVIEW ROAD**  
**LARGO FL 33770**

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.

(NO FE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	<b>P WIEDER, TED</b>	
STREET ADDRESS	<b>434 WESTVIEW RD</b>	
CITY-STATE-ZIP	<b>LARGO FL 33770</b>	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

727-581-9510

CR2E034 (1/98)