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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90072 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P970600 43717_{OK}

1. Corporation Name

ALPHA TONING, INC.

Principal Place of Business

Mailing Address

1808 NW 22 CT
POMERO BEACH, FL
33060

1808 NW 22 CT
POMERO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/16/97

4. FEI Number

65-0757369

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 115 SW 34 AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 115 SW 34 AVE

Suite, Apt. #, etc.

23 City & State

DEERFIELD BEACH, FL

Zip Country

28 City & State

DEERFIELD BEACH, FL

Zip Country

24 33442 25

29 33442 30

9. Name and Address of Current Registered Agent

EDUARDO SOARES
1808 NW 22 CT
POMERO BEACH, FL 33060

10. Name and Address of New Registered Agent

81 Name JOMAS BORGES DE OLIVEIRA
82 Street Address (P.O. Box Number is Not Acceptable)
115 SW 34 AVE
83
84 City DEERFIELD BEACH FL 85 Zip Code 33442

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

03-04-99

12. OFFICERS AND DIRECTORS

TITLE EDUARDO SOARES
NAME 1808 N.W. - 22 CT.
STREET ADDRESS POMERO BEACH, FL 33060
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE DP JOMAS BORGES DE OLIVEIRA ☐ Change ☒ Addition
2.2 NAME 115 SW 34 AVE
2.3 STREET ADDRESS DEERFIELD BEACH, FL 33442
2.4 CITY-ST-ZIP

3.1 TITLE DP MARIO CESAR DUARTE ☐ Change ☒ Addition
3.2 NAME 3006 NW 5 TERR - #704
3.3 STREET ADDRESS POMERO BEACH, FL 33064
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

[Signature] (954) 695-2877

CR2E034 (11/98)