


**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90001 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000046310**1. Corporation Name  
**ALPHA EXECUTIVE RESEARCH, INC.**

Principal Place of Business <b>6239 EDgewater DR. Ste. E-3 Orlando, FL 32810</b>	Mailing Address <b>P.O. Box 607583 Orlando, FL. 32860-7583</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**MAY 22, 1997**4. FEI Number **59-3463304** Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 <b>6239 Edgewater Drive</b>	2a. Mailing Address 26 <b>P.O. Box 607583</b>
Suite, Apt. #, etc. 22 <b>Ste. E-3</b>	Suite, Apt. #, etc. 27 <b>—</b>
City & State 23 <b>Orlando, Florida</b>	City & State 28 <b>Orlando, Florida</b>
Zip 24 <b>32810</b>	Zip 29 <b>32860-7583</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**MR. BENEDICT D. CALEB.**  
**P.O. Box 607583**  
**Orlando, FL 32860-7583**

10. Name and Address of ~~the~~ Registered Agent

81 Name <b>BENEDICT D. CALEB.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4110 Rose Petal Lane</b>
83 <b>—</b>
84 City <b>Orlando</b> FL 85 Zip Code <b>32808</b>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**B. D. Caleb** (BENEDICT D. CALEB) 6/14/99 407-294-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)