FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000049428 (0)

ALPHASOURCE, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						14E (041) 010(0 1100) 10(1 100)
6218 PALMA DEL MAR BLVD #307 6218 PALMA DEL MAR E ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33				7	DO NOT WRITE IN THIS	SPACE
					Date Incorporated or Qualified 06/05/1997	•
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 496410	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & Stat		City & State	J		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	<u> </u>		Cour	ntry	8. This corporation owes or has paid the cu	- ' - '
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. L Yes L No 10. Name and Address of New Registered Agent	
CT	REIFF, CHARLES	in negistered Agent		B1 Name	10. Name and Address of New Registered	Añeur
	1 8 PAL MA DEL MAR BLVD., #30	17	ļ.			
	. PETERSBURG FL 33715	,		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			[03		
			1	B4 City	FL	85 Zip Code
Dilice of r	to the provisions of Sections 607.056 egistered agent, or both lin the State m familiar with, and accept the oblig	≟or Forida, Such change was i	authorized	DV the corpora	rporation submits this statement for the purpose of alion's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ing	ent and title if applicable (NOT RD DIRECTORS		Agent signature req	ured when re-nstating) DATE	
12.	DULIGHSAN	DELETE	13.	F T	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Change Addition
NAME	STREIFF, CHARLES		1.2 NAN			CT outside CT Vogurou
STREET ADDRESS	Anna materia meri saam materia vaam			EET ADDRESS		
CITY-ST-ZIP	AT DETEROPHICA EL CATAE		1.4 001	r - ST - ZIP		
TITLE			2.1 1ITL	E		Change Addition
NAME	\$TAMLER, LORNE		2.2 NAME			
STREET ADDRESS	2806 MARRIE COURT		2.3 STR	EE1 ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		2. 4 CIT	Y - S1 - ZIP		
TITLE	L.) DELETE 3.1		3.1 TI7L	E	1	Change Addition
NAME			3.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE			3.4. CIT 4.1 THL	Y-ST-ZIP		Change Addition
NAME		bertie	4. 2 NAI	·		CT cuande CT yaqutanı
STREET ADDRESS				ELT ADDRESS		
CITY-ST-ZIP				(-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRI	EE1 ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	DESCRI		6.1 TITL			Change Addition
NAME			6.2 NAM	IE		1
STREET ADDRESS			6.3 STRE	FET ADDRESS		
CITY-ST-ZIP			6.4 City	'-ST-7IP		
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r nereby 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 suppliemental accurate 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

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