

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

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Jun 17 1998 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT #</b> <u>P97 000031634</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |  |                                                                                                           |  |
| 1. Corporation Name<br><b>ALPHA SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |  |                                                                                                           |  |
| Principal Place of Business: <b>403 Lacosta Street<br/>Melbourne Beach, Florida 32951</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |  |                                                                                                           |  |
| 2. Principal Place of Business:<br>21 <b>403 Lacosta Street</b><br>Suite, Apt. #, etc.<br>22 City & State<br>23 <b>Melbourne Beach, Fl.</b><br>Zip<br>24 <b>32951</b> 25 <b>Brevard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   |  |                                                                                                           |  |
| 2a. Mailing Address:<br>26 <b>403 Lacosta Street</b><br>Suite, Apt. #, etc.<br>27 City & State<br>28 <b>Melbourne Beach, Fl.</b><br>Zip<br>29 <b>32951</b> 30 <b>Brevard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   |  |                                                                                                           |  |
| 3. Date Incorporated or Qualified<br><b>06/11/97</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |  |                                                                                                           |  |
| 4. FEI Number<br><b>59-3471835</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |  |                                                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |  |                                                                                                           |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |  |                                                                                                           |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   |  |                                                                                                           |  |
| 10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   |  |                                                                                                           |  |
| 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   |  |                                                                                                           |  |
| 9. Name and Address of Current Registered Agent<br><b>John B. D'Albora<br/>403 Lacosta Street<br/>Melbourne Beach, Fl. 32951</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 _____ (Name of Registered Agent)<br>(Name of Registered Agent, signature required at filing office)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |  |                                                                                                           |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |  |                                                                                                           |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |  |                                                                                                           |  |
| 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP<br>5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY, ST, ZIP<br>9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY, ST, ZIP<br>13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY, ST, ZIP<br>17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY, ST, ZIP<br>21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY, ST, ZIP<br>25. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY, ST, ZIP<br>29. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>30. NAME<br>31. STREET ADDRESS<br>32. CITY, ST, ZIP<br>33. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>34. NAME<br>35. STREET ADDRESS<br>36. CITY, ST, ZIP<br>37. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>38. NAME<br>39. STREET ADDRESS<br>40. CITY, ST, ZIP<br>41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY, ST, ZIP<br>45. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>46. NAME<br>47. STREET ADDRESS<br>48. CITY, ST, ZIP<br>49. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>50. NAME<br>51. STREET ADDRESS<br>52. CITY, ST, ZIP<br>53. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>54. NAME<br>55. STREET ADDRESS<br>56. CITY, ST, ZIP<br>57. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>58. NAME<br>59. STREET ADDRESS<br>60. CITY, ST, ZIP<br>61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY, ST, ZIP<br>65. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>66. NAME<br>67. STREET ADDRESS<br>68. CITY, ST, ZIP<br>69. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>70. NAME<br>71. STREET ADDRESS<br>72. CITY, ST, ZIP<br>73. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>74. NAME<br>75. STREET ADDRESS<br>76. CITY, ST, ZIP<br>77. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>78. NAME<br>79. STREET ADDRESS<br>80. CITY, ST, ZIP<br>81. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>82. NAME<br>83. STREET ADDRESS<br>84. CITY, ST, ZIP<br>85. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>86. NAME<br>87. STREET ADDRESS<br>88. CITY, ST, ZIP<br>89. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>90. NAME<br>91. STREET ADDRESS<br>92. CITY, ST, ZIP<br>93. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>94. NAME<br>95. STREET ADDRESS<br>96. CITY, ST, ZIP<br>97. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>98. NAME<br>99. STREET ADDRESS<br>100. CITY, ST, ZIP |  |                                                                                   |  |                                                                                                           |  |
| 14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this 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, and the officer or director, 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 in an attachment with an address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |  |                                                                                                           |  |
| SIGNATURE: <u>John B. D'Albora</u><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   |  |                                                                                                           |  |
| 6/8/98 407-984-1230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |  |                                                                                                           |  |

CR2E034 (10/97)