

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90058 048 \*\*\*150.00

DOCUMENT # P97000051634

1. Corporation Name  
ALPHA SERVICES, INC.



Principal Place of Business  
403 LACOSTA ST.  
MELBOURNE BEACH FL 32951

Mailing Address  
403 LACOSTA ST.  
MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 16-MINUTEMEN CSWY

Suite, Apt. #, etc.

22

City & State

23 COCOA BEACH, FL

Zip

24 32931

Country

25 BREVARD

2a. Mailing Address

26 16-MINUTEMEN CSWY

Suite, Apt. #, etc.

27

City & State

28 COCOA BEACH FL

Zip

29 32931

Country

30 BREVARD

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3471835

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

9. Name and Address of Current Registered Agent

D'ALBORA, JOHN B  
403 LACOSTA ST.  
MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 16-MINUTEMEN CSWY

84

City COCOA BCH

FL

85 Zip Code 32931

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

TITLE DPS ☐ DELETE

NAME D'ALBORA, JOHN B

STREET ADDRESS 403 LACOSTA ST.

CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☐ DELETE

NAME MYERS, ELDRIDGE L

STREET ADDRESS 1481 DRUCKER CT.

CITY-ST-ZIP PALM BAY FL 32909

TITLE D ☐ DELETE

NAME MYERS, ALONA

STREET ADDRESS 1481 DRUCKER CT.

CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

16-MINUTEMEN CAUSEWAY  
COCO A BCH, FL 32931

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)