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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052123 (1)

1. Corporation Name
C ALPHA G, INC.



Principal Place of Business

Mailing Address

235 S. MAITLAND AVE., STE. 216
MAITLAND FL 32751

235 S. MAITLAND AVE., STE. 216
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12801 W. COLONIAL DR.

Suite, Apt. #, etc.

22

City & State

23 WINTER GARDEN, FL.

Zip

24 34787

Country

25 ORANGE

2a. Mailing Address

26 12801 W. COLONIAL DR.

Suite, Apt. #, etc.

27

City & State

28 WINTER GARDEN, FL.

Zip

29 34787

Country

30 ORANGE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

59-3454573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

HITESH PATEL

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

83

12801 W. COLONIAL DR.

84 City

WINTER GARDEN,

FL

85 Zip Code

34787

11. Pursuant to the provisions of Sections 607.0505 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

4/16/98

12. OFFICERS AND DIRECTORS

TITLE P, S, D
NAME PATEL, HITESH
STREET ADDRESS 12801 W. COLONIAL DR.
CITY-ST-ZIP WINTER GARDEN, FL. 34787

TITLE VP, T
NAME GARG, RAJIV
STREET ADDRESS 3 FARMWOODS LANE
CITY-ST-ZIP UPPER BROOKVILLE, N.Y. 11545

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address.

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CR2E034 (10/97)