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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054328 (4)

ALPHA SALES & MARKETING, INC.

FILED Apr 07 1998 8:00am Secretary of State

| Principal Plac                         | e of Business W LANE ACH FL 32174-8774  | Mailing Address  8 PRAIRIEVIEW LANE ORMOND BEACH FL 3217                 | 74-8774                              | DO NOT WRITE IN THIS SPACE   |
|--|---|--|--------------------------------------|--|
|  |   |  |                                      | 3, Date Incorporated or Qualified  |
| 2. Principal Place of Business         |   | 2a, Mailing Address  | 30265                                | 06/19/1997 4. FEI Number Applied For Not Applied For Not Applied Por   |
| Suite, Apt. #, etc.                    |   | 26 PO Box 7  | 30863                                | S8 75 Additional   |
| 22                                     |   | 27   |                                      | 5. Certificate of Status Desired Fee Required  |
| City & Stat                            | lo  | City & State   | l. E1                                | 6. Election Campaign Financing \$5.00 May Be   |
| 23                                     | T Country   | 28 Ormand Ber  |                                      | Trust Fund Contribution  |
| Zip<br>24                              | Country 25  | 2p<br>29 32173-0246  | 30 Volusia                           | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. ☐ Yes ☒ No  |
|  | g. Name and Address of Curr   |  | 30 Politistec                        | 10. Name and Address of New Registered Agent   |
| DK                                     | CAPUA, CHARLES JR.  |  | 81 Name                              |  |
|  | PRAIRIEVIEW LANE  |  | 82 Street A                          | Address (P.O. Box Number is Not Acceptable)  |
|  | MOND BEACH FL 32174-8774  | <b>,</b>   | OI OI OI                             | todiess (i.e. box Norther is Not Acceptable)   |
|  |   |  | 83                                   |  |
| r                                      |   |  | 84 City                              | 85 Zip Code  |
|  |   |  |                                      | FL   85   Zip Cone   |
| office or i<br>agent. I a<br>SIGNATURE | registered agent, or both, in the Str<br>am familiar with, and accept the obl | ite of Florida. Such change was a<br>ligations of, Section 607.0505, Flo | uthorized by the corporida Statutes. | corporation submits this statement for the purpose of changing its registered<br>oration's board of directors. I hereby accept the appointment as registered |
|  | Signature, typod or printed name of regestered.                               |  | Registered Agent signature r         |  |
| <b>12.</b>                             | OFFICERS A  | ND DIRECTORS   | 13.                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| NAME                                   |   |  | 1.2 NAME                             | Sara P. DiCapua  |
| STREET ADDRESS                         |   |  | 1.3 STREET ADDRESS                   | 8 Prairieview Lane   |
| CITY-ST-ZIP                            |   |  | 1.4 CITY - ST - ZIP                  | Ormand Beach, FL 32174 -8774   |
| TITLE                                  |   | DELETE   | 21 TITLE                             | P/C/D/T ☐ Change ☑ Addition  |
| NAME                                   |   |  | 2.2 NAME                             | Charles Di Capua Jr  |
| STREET ADDRESS                         |   |  | 2.3 STREET ADDRESS                   | & Prairieview Lane   |
| CITY-ST-ZIP                            |   |  | 2. 4 CITY-ST-ZIP                     | Ormand Beach, FL 32174-8774  |
| TITLE                                  |   | DOLLETE  | 3.1 TITLE                            | Change Addition  |
| NAME                                   |   |  | 3.2 NAME                             |  |
| STREET ADDRESS                         |   |  | 3.3 STREET ADDRESS                   |  |
| CITY - ST - ZIP                        |   |  | 34 CITY-ST-ZIP                       | - Andrews  |
| TITLE                                  |   | ☐ DELETE   | 4.1 TITLE                            | ☐ Change ☐ Addition  |
| NAME                                   |   |  | 4. 2 NAME                            |  |
| STREET ADDRESS                         |   |  | 4 3 STREET ADDRESS                   |  |
| CITY-ST-ZIP                            |   | DELETE   | 4.4 City-St-ZIP                      | Change Addition  |
| TITLE                                  |   | FT DECEIL  | 5.1 TITLE                            |  |
| NAME<br>PROFEST ADDRESS                |   |  | 5.2 NAME                             |  |
| STREET ADDRESS                         |   |  | 5.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP<br>TITLE                   |   | DELETE   | 5.4 CHY-ST-ZIP<br>6.1 TITLE          | ☐ Change ☐ Addition  |
| NAME                                   |   |  | 6.2 NAME                             | C. Orienge C. Adunton  |
| STREET ADDRESS                         | •   |  | 6.3 STREET ADDRESS                   |  |
|  |   |  |                                      |  |
| CITY-ST-ZIP                            | İ   |  | 6.4 CITY-ST-ZIP                      |  |

14. Thereby 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 supplicit on the receiver 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.

SIGNATURE:

4-3-95

(904)672-8082