## 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

## **DOCUMENT #** P97000071723

ALPHA SOUTHERN ENTERPRISES, INC.

Principal Place of Business 2656 S MAGNOLIA AVE SANFORD FL 32771

Mailing Address

2656 S MAGNOLIA AVE SANFORD FL 32771

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90209 014 \*\*\*150.00

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					DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualifed
2. Principal	Place of Business	2aMailing Address			08/18/1997
21		26. Walling Address			A, FEI Number Applied For
Suite Apt # ata					59-3482737 Not Applicable
Suite, Apt. #, etc. 27					5. Certificate of Status Desired S8.75 Additional
City & State City & State					Fee Required
23		<del></del>			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28			Trust Fund Contribution Added to Fees
24	25	Zip		untry	8. This corporation owes the current year Intangible
	9. Name and Address of Current	[29]	30	<del></del>	Personal Property Tax. Yes No
	The same and Address of Correct	Registered Agent		<del> </del>	10. Name and Address of New Registered Agent
Freeman, Penny				81 Name	<u></u>
	66 S MAGNOLIA AVE			82 Street	Address (B.O. Berry)
SAI	NFORD FL 32771			Jan Sileer	Address (P.O. Box Number is Not Acceptable)
<b>-</b> / u				83	
	•				
	_			84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutos	tho -	hous south	<b>▶ 1</b> 1 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
onice or agent. I a	registered agent, or both, in the State of	Florida. Such change was auti	horizec	bove-named by the come	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Tara accopt the obligatio	ris or, Section 607.0505, Florid	la Stati	utes	accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent a				
12.	OFFICERS AND	nd title if applicable. (NOTE: Re		Agent signature re	equired when reinstating) DATE
TLE	PD		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
AME	Freeman, Keith	☐ DELETE	1.1 717	LE	□ Change □ Addition
	PREDIAN, NEITH	•	1.2 NA	ME	☐ orange ☐ Notation
TREET ADDRESS	2656 S MAGNOLIA AVE		1.3 STI	REET ADDRESS	
ITY-ST-ZIP	SANFORD FL 32771			Y-ST-ZIP	
TLE	≤STD ======	DELETE	2.1 111		
AME	Freeman, Penny		2.2 NA	j	☐ Change ☐ Addition
TREET ADDRESS	2656 S MAGNOLIA AVE				
TY-ST-ZIP	SANFORD FL 32771	•		REET ADDRESS	
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ME		ľ	4. 2 NAM	ł	☐ Change ☐ Addition
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Y-ST-ZIP					
E [		☐ DELETE	4.4 CITY		
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EET ADDRESS			5.2 NAME	i	
Y-ST-ZIP		[	5.3 STRE	ET ADDRESS	
E			5.4 CITY	ST-ZIP	
		☐ DELETE	6.1 TITLE		
Œ (		1,	6.2 NAME	: [	☐ Change ☐ Addition
EET ADDRESS		1,	5.3 STRF	ET ADDRESS	
-ST-ZIP			5.4 CITY-:		
I bearing			n+ WIIT-i	OI-ZIP I	1

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 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 party appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like appears in the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like appears in the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like appears in the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like appears in the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address.