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 # P97000095417

1. Corporation Name

ALPHA CONSTRUCTION INC

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90013 016 ***150.00

DEI LIÄ C	onombonon, mo										
Principal Place	e of Business	Mailing Address					1 (40)(40)	(e) 31 141 38 11 3 1	(B)	11611 1961 1861	
		2121 N. HASTINGS STREE	ET								
,						<u> </u>	DO NOT WRI	TE IN THIS	SPACE		
							Date Incorporated or Qualifed 11/06/1997	<u>.</u> .			
Principal Place of Business 2a, Mailing Address							. FEI Number		Aţ	oplied For	
21 26							<u>59-3484917</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				, 5	Certificate of Status Desired		•	Additional equired	
City & Stat	9	City & State				6	Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip	Co	untry		. 8	. This corporation owes the curr	ent year Int	angible		
24	25	29	30				Personal Property Tax.		☑ Yes	□No	
	g. Name and Address of Curre	ent Registered Agent				10	Name and Address of New F	Registered	Agent		
•				81	Name						
RUSS, TRAVELIS				02	Ctroat	Addroop ((D.O. Boy Number is Not Assentable)				
2121 N. HASTINGS STREET				82 Street Address (P.O. Box Number is Not Acceptable)				ibie)			
ORL	ANDO FL 32808			83					-		
	•										
	·			84	City			FL	85 Zip	Code	
. office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was a	autnorize	ea by	tne corp	corporation's l	on submits this statement for the poard of directors. I hereby accep	purpose of ot the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if anglicable (NOT)	E: Registere	d Agen	t signature r	required when	reinstating)	DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	PRS IN 12	
TITLE	S	DELETE		MLE		6			Change	Addition	
NAME	ROSS, LOUISE		1.2 N	AME		Ku5	s, Louise				
STREET ADDRESS	2021 N HASTINGS ST		1.3 5	TREET	ADDRESS		-				
	ORLANDO FL 32808			CITY-ST					1		
CITY-ST-ZIP	P	☐ DELETE	2.1 T			12	- T. I	<u> </u>	Change	☐ Addition	
NAME *	TOSS, TRAVELIS		221	AME		1 Mus	55, Travelis			İ	
STREET ADDRESS	2121 N HASTINGS ST				ADDRESS		_			-	
CITY-ST-ZIP ~	-ORLANDO FL-32808			CITY-S		.	- -	~			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 7						Change	Addition	
NAME				NAME		1				1	
					ADDRESS						
STREET ADDRESS			3.0 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,00,,000						
CITY-ST-ZIP TITLE			24	CITY C	T 71D	1				- Addition	
		☐ DELETE		CITY-S'	T- ZIP	-			Change	☐ Addition {	
NAME		☐ DELETE	4.1 T	ITLE	T-ZIP		, se ,	<u>,</u>	Change	Addition	
OTDEET ADDDESS		☐ DELETE	4.1 T	TITLE NAME					☐ Change		
STREET ADDRESS	·	☐ DELETE	4.1 T 4.21 4.3 S	TITLE NAME STREET	ADDRESS				☐ Change	Addition	
CITY-ST-ZIP	:	_	4.1 T 4.2 i 4.3 S 4.4 C	TITLE NAME STREET CITY-SI	ADDRESS				☐ Change	Addition	
CITY-ST-ZIP	:	☐ DELETE	4.1 T 4.2 f 4.3 S 4.4 C 5.1 T	TITLE NAME STREET	ADDRESS						
CITY-ST-ZIP TITLE NAME	:	_	4.1 T 4.2 i 4.3 S 4.4 C 5.1 T 5.2 N	NAME STREET CITY-ST	ADDRESS T-ZIP						
CITY-ST-ZIP TITLE NAME STREET ADDRESS	:	_	4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	NAME STREET CITY-ST FITLE VAME STREET	ADDRESS 1-ZIP ADDRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 T 4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	NAME STREET CITY-ST	ADDRESS 1-ZIP ADDRESS				☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	NAME STREET CITY-ST TITLE VAME STREET CITY-ST	ADDRESS 1-ZIP ADDRESS		,	-		Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.11 4.21 4.38 4.40 5.11 5.2N 5.38 5.40 6.11	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS 1-ZIP ADDRESS				☐ Change	Addition	

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