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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sendra B. Morth

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000098343 (1)

ALPHA DIGITAL CONCEPTS, INC.

## FILED Jul 07 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1987 E. CHAPEL DR. 1967 E. CHAPEL DR. DELTONA FL 32736 **DELTONA FL 32738** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt #, etc **38.75** Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intendible Country Yes /\Z 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WELBORN, LINDA 1967 & CHAPEL DR. DELTONA FL 32738 Street Address (P.O. Box Number is Not Acceptable) 82 63 84 City 85 Zip Code 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. Lingo in. WELBURN (NOTE: Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE A. WELBIRA DELFTE 1.1 TITLE 1.2 NAME E, CHAPPER DR 1.3 STREET ADDRESS STREET ADORESS 32738 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE ASURER 2.1 TITLE vien A. Weziborn NAME 2.2 NAME 1967 E. GHAPEL DR. 2.3 STREET ADDRESS STREET ADDRESS 3C738 PELTONA CITY-ST-ZIP 2.4 Cf1Y - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE ECRETARY TEVEN A, WELBORN NAME 3.2 NAME 7 E. CHAPEC DR. 3.3 STREET ADDRESS STREET ADDRESS 32738 DECTONA FL 3 3.4. C(TY - S1 - ZIP CITY-ST-ZIF DELETE 4.1 TITLE Addition TITLE STEVEN A. WELBORN NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 4.4 C(1Y-\$1-2IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP REGISTERED AGENT DELLTE Change Addition TITLE 6.1 TITLE INDA M. WELBORN 600002582416 6.2 NAME -07/08/98--01014--030 \*\*\*150.00 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 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 removal 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 cociever 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.

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