Mailing Address

STE E

US

26

3000 N UNIVERSITY DR

2a. Mailing Address

CORAL SPRINGS FL 33065

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business 3000 N UNIVERSITY DR

CORAL SPRINGS FL 33065

2. Principal Place of Business

STE E

21

P98000016282

Alpha- One Communications Corp

Suite, Apt. #, etc. 5. Certificate of Status Desired		e Rea	HÍPAR
0.00		Fee Required	
City & State City & State 6, Election Campaign Financing			lay Be
23 Trust Fund Contribution	Add	ded to	Fees
Zip Country Zip Country 8. This corporation owes the current year Inta		_	
24 25 30 1000.00 (0.00)	Yes		∃No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent		
81 Name			
BORTNICK, BERNARD B2 Street Address (P.O. Box Number is Not Acceptable)			
3000 N UNIVERSITY DR			
STE E			
CORAL SPRINGS FL 33065	85	Zip Co	nde .
FL.	85	Zip GC	Jue
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.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND			
TITLE VICE President DELETE LITTLE	☐ Cha	inge	Addition
NAME BENNAND BOTTICK, IN 5 12 NAME			
NAME Bennand Bortnick Drive 5/2 E 12 NAME STREET ADDRESS 3000 University Drive 5/2 E 1.3 STREET ADDRESS			
CITY-ST-ZIP CONA SP-1/95, F/ 33064 14CITY-ST-ZIP			
TITLE DELETE 2.1 TITLE	☐ Cha	inge	Addition
NAME 2.2 NAME			
STREET ADDRESS 2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
TITLE DELETE 3.1 TITLE	Cha	nge	Addition
NAME 3.2 NAME			
STREET ADDRESS: 3.3 STREET ADDRESS			
CiTY-ST-ZIP 34. CITY-ST-ZIP			
TITLE DELETE 4.5 TITLE	☐ Cha	nge	☐ Addition
NAME 4.2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY- ST- ZIP 44 CITY- ST- ZIP			
TITLE DELETE 5.1 TITLE	☐ Cha	inge	☐ Addition
NAME 52 NAME			
STREET ADDRESS 5.3 STREET ADDRESS			
STALL ROOMS OF			
CITY-ST-ZIP	Cha	inge	Addition
COMME	0110 ريا	g	۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
TOTAL ADDRESS AND			
STATE AND THE STATE OF THE STAT			
CITY-ST-ZIP 64 CITY-ST-ZIP	ify that	the int	ormation

Interest certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. If 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 of the reveiver ogtrustee 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 exactnment with an address, with all other like empowered. VICE-Pres SIGNATURE:

954-282-2966

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 042 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed