PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094560 1. Corporation Name

ALPHAPAC, INC.

Drivated Disease Rusiness

Mailina Address

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

04-01-1999 90026 045 ***150.00



Fillicipal Flac	e ui busiliess	mailing Address							
2607 SOUTH W DELAND FL 32	VOODLAND BLVD. SUITE 222 720	2607 SOUTH WOODLAND BLVD. SUITE 222 DELAND FL 32720				DO NOT WRITI	E IN THIS S	SPACE	
					ļ	3. Date Incorporated or Qualifed			
			•		1	11/09/1998			
2. Principal P	lace of Business	2a. Mailing Address		•••		4. FEI Number	2 ~		Applied For
21		26				59-35444	<u>22</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27				5. Certificate of States Besires		Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing			0 May Be
23	28					Trust Fund Contribution			d to Fees
Zíp				ıntry		8. This corporation owes the current			<u> </u>
24	25	29	30	1		Personal Property Tax.		X Yes_	E No
	9. Name and Address of Curren	t Registered Agent		04 11-		10. Name and Address of New Re	gisterea A	gent	
MOC	DRE, ANNE B			81 Na	me				
	-		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
) windy knoll lane and FL 32724								
NED	MNU FL 32/24			83				•	
				84 Cit	v			85 Z	ip Code
	to the provisions of Sections 607.050				·		<u>FL</u>		
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Stat	tutes.		· · · · · · · · · · · · · · · · · · ·			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (N			sture required w	when reinstating)	DATE		-1.15
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	D	☐ DELETE	1.1 T	TLE		-		Chang	ge 🗀 Addition
NAME	MOORE, ANNE		1.2 N	AME	ł				
STREET ADDRESS	1450 WINDY KNOLL LANE		1.3 S	TREET ADOR	RESS				
CITY-ST-ZIP	DELAND FL 32724		1,4 0	ITY-ST-ZIP		****			
TITLE	D	☐ DELETE	2.1 ∏	TLE				Chang	ge 🔲 Addition
NAME	MOORE, MICHAEL D		2.2 N	AME					
STREET ADDRESS	1450 WINDY KNOLL LANE		2.3 S	TREET ADDR	RESS				
CITY-ST-ZIP	DELAND FL 32724		2.40	CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 T	ITLE				Chang	ge 🗌 Additio
NAME	MOORE, DAVID M		3.2 N	AME					
STREET ADDRESS	1450 WINDY KNOLL LANE		3.3 S	TREET ADDR	RESS				
CITY-ST-ZIP -	DELAND FL 32724		3,4. (CITY-ST-ZIP					<u> </u>
TITLE		☐ DELETE	4.1 T	ITLE				☐ Chang	je 🗌 Additio
NAME			4.21	NAME					
STREET ADDRESS	1		4.3 S	TREET ADDR	RESS				
CITY-ST-ZIP	1		4.4 0	ITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T	MLE				☐ Chang	ge Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET ADDR	RESS				
CITY-ST-ZIP			5.4 C	TTY-ST-ZIP		•			
TITLE		☐ DELETE	6.1 T	MLE	"		 +	☐ Chang	ge 🗌 Additio
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDR	ESS				
CITY-ST-ZIP				iTY-ST-ZIP					

CITY-ST-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 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 trusted 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:

904 822 4060