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 # P98000095003

1. Corporation Name

ALPHA EARTH, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90012 016 ***150.00



		•							 	
Principal Place	of Business	Mailing Ad	idress							
15970 W STATE ROAD 84 STE 105 15970 W STATE ROAD 84 ST										
FT LAUDERDALE FL 33326 FT LAUDERDALE							DO NOT WRITE IN THIS SPACE			_
	•						3. Date Incorporated or Qualifed 11/10/1998			}
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEJ Number	A	pplied For	1
21		26	•				65-0875302	N	lot Applicable	1
Suite, Apt. :	#, etc.		Apt. #, etc.				- 0 df + Chatter Particul		Additional	1
22		27				· · · · · · · · · · · · · · · · · · ·	=5.=Certifcate of Status Desired	Fee R	equired	5
City & State	3	City & State					6. Election Campaign Financing	\$5.00	May Be]
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the current year I	ntangible		ì
24	25	29					Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registere	d Agent		
					81	Name				
	TMAN, BARRY	•				Street Address (P.O. Box Number is Not Acceptable)				1
	0 W STATE ROAD 84 STE 105				82	Oli edi Addi	· · · · · · · · · · · · · · · · · · ·			
FTL	AUDERDALE FL 33326				83				_	1
				-	0.4	03.		es Zin	Code	-
					84	City	F	L 85 Zip	Code	ŀ
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such	i change was auti	nonzea	DV I	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered	
SIGNATURE			_							
	Signature, typed or printed name of registered agent a				Agent	signature require	d when reinstating) DATE	ND DIDECT	ODE IN 13	1
12.	OFFICERS AND	DIRECTORS	DELETE	13.		··· —	ADDITIONS/CHANGES TO OFFICERS	Change		1
TITLE	D		□ DELETE	1.1 1111			•			
NAME	HARTMAN, BARRY	105		1.2 NA/						
STREET ADDRESS	15970 W STATE ROAD 84 STE	105				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33326		[]	1.4 CIT		-ZIP		☐ Change	Addition	┨
TITLE	D		☐ DELETÉ	2.1 TIT		.		Cuange		
NAME	NERO, JAMES			2.2 NA			•			
STREET ADDRESS	6316-36 LANTANA RD	<u></u>		2.3 \$11	REET	ADDRESS				4_
CITY-ST-ZIP	LAKE WORTH FL 33463			2.4 CI		r-zip			Addition	-
TITLE	•		☐ DÉLETÉ	3.1 TITI	•		>	☐ Change	☐ Mudition	
NAME .				3.2 NA						1
STREET ADDRESS				3.3 STI	REET	ADDRESS	•			1
CITY-ST-ZIP				3.4. CD	_	r- ZIP			A	-
TITLE			☐ DELETE	4.1 TIT	LE			Change	Addition	
NAME				4. 2 NA	ME					
STREET ADDRESS	•			4.3 ST	REET	ADDRESS				
CITY-\$T-ZIP	<u> </u>			4.4 CIT	Y-ST	-ZIP				1
TITLE			☐ DELETE	5.1 TIT			• • •	. Change	Addition	
NAME				5.2 NA				•		
STREET ADDRESS				5.3 STI	REET	ADDRESS	•			
CITY-ST-ZIP	·			5.4 C/T		-ZIP				1
TITLE			☐ DELETE	6.1 TIT	LE		. '	Change	Addition	
NAME				6.2 NA						
STREET ADDRESS	i.			6.3 STI	REET.	ADDRESS				1

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 attachanged with an address with all other like empowered.

SIGNATURE: