| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999  | Katherin<br>Secretary  |   | May 03, 199<br>Secretary<br>05-03-1999 90012 0  | of State   |
|---|--|---|---|--|
| DOCUMENT # P98000<br>. Corporation Name<br>ALPHA OMEGA BUILDING CORPOR  |  |   |   |  |
| Principal Place of Business   | Mailing Address  |   |   |  |
| IO U.S. ALT 19 SOUTH - STE. J   | 1810 U.S. ALT 19 SOUTH - S   | ste. J  |   |  |
| RPON SPRINGS FL 34689   | TARPON SPRINGS FL 34689  |   | DO NOT WRITE IN TH  |  |
|   |  |   | 3. Date Incorporated or Qualifed  | ×  |
| 2. Principal Place of Business  | 2a. Mailing Address  |   | 12/14/1998<br>4. FEt Number   | Applied For  |
| 131 N. Hibiscus St.   | 26 131 N. Hib  | iscus St.   |   | Not Applicable   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   | 5. Certifcate of Status Desired   | \$8.75 Additional<br>Fee Required  |
| City & State<br>Tarpon Springs, FL  | City & State<br>28 Tarpon Spr  |   | 6. Election Campaign Financing<br>Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees   |
| Zip Country<br>34689 25 USA   | Zip<br>34689   | Country<br>30 USA   | <ol> <li>This corporation owes the current year I<br/>Personal Property Tax.</li> </ol>   | ntangible<br>□ Yes  ⊠No  |
| 9. Name and Address of Curro  |  | 30  | 10. Name and Address of New Registere   |  |
|   |  | 81 Name   | Emmanuel S. Tsavaris  |  |
| Zempel, Paul C<br>1810 U.S. Alt 19 South - Ste. J   |  | 82 Street Ac  | ddress (P.O. Box Number is Not Acceptable)  |  |
| TARPON SPRINGS FL 34689   |  | 83  | <u>131 N. Hibiscus St.</u>  | <u></u>  |
|   |  |   |   |  |
| TAREON GENINGS I L 34009  |  |   |   |  |
| 1. Pursuant to the provisions of Sections 607.00  | te of Florida, Such change was au  | 84 City Ta  | arpon Springs <b>F</b><br>orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app   | of changing its registered   |
| 1. Pursuant to the provisions of Sections 607.0<br>office or registered agent, or both, in the Stat<br>agent. I am familiar with, and accept the other<br>SIGNATURE<br>Signature, typed or printed name of registered a   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori   | 84 City Tā<br>s, the above-named ca<br>thorized by the corpor-<br>da Statutes.  | orporation submits this statement for the putpose   | L 34689<br>of changing its registered<br>pointment as registered   |
| 1. Pursuant to the provisions of Sections 607.0<br>office or registered agent, or both, in the Stat<br>agent. I am familiar with, and accept the obt<br>SIGNATURE<br>Signature, typed or printed name of registered a   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Emma nil<br>gent and title if applicable.  | 84 City T c<br>s, the above-named or<br>thorized by the corpor<br>da Statutes.<br>Col S T S a X<br>Registered Agent signature res   | orporation submits this statement for the purpose<br>ation's board of directors. I hereby accept the app<br>varis, pres. 4/28<br>uted when reinstating) DATE  | L 34689<br>of changing its registered<br>pointment as registered   |
| Pursuant to the provisions of Sections 607.0:<br>office or registered agent, or both, in the Stat<br>agent. I am tamiliar with, and accept the other<br>Signature, typed or printed name of registered a<br>2. OFFICERS A<br>RE   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84     City     T a       s, the above-named control     T a       thorized by the corpord     T s a t       cal     S     T s a t       Registered Agent signature req     13.       1.1 TITLE     12 NAME   | orporation submits this statement for the purpose or ation's board of directors. I hereby accept the app varies pres 4/28 DATE ADDITIONS/CHANGES TO OFFICERS A C D Robert M. Doherty  | 34.689 of changing its registered ointment as registered   |
| Pursuant to the provisions of Sections 607.00<br>office or registered agent, or both, in the Stat<br>agent. I am familiar with, and accept the obly<br>IGNATURE<br>Signature, typed or printed name of registered a<br>2. OFFICERS A<br>ILE<br>WIE<br>REET ADDRESS  | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84 City T a       s, the above-named or       thorized by the corpord       da Statutes.       a)     S T S a X       Registered Agent signature req       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS  | orporation submits this statement for the purpose or ation's board of directors. I hereby accept the app varies pres. 4/28 DATE ADDITIONS/CHANGES TO OFFICERS / C D Robert M. Doherty 16 Hibiscus Rd. 3461  | 34.689 of changing its registered ointment as registered   |
| 1. Pursuant to the provisions of Sections 607.00<br>office or registered agent, or both, in the Stat<br>agent. I am familiar with, and accept the obig<br>Signature, typed or printed name of registered a<br>2. OFFICERS A<br>TLE<br>INE<br>INE<br>INE<br>INE<br>INE<br>INE  | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84     City     T a       s, the above-named correct     T a       thorized by the corpord     S     T s a t       cal     S     T s a t       Registered Agent signature req     13.       1.1 TITLE     12 NAME   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br>(Varis   | 34.689 of changing its registered ointment as registered   |
| Pursuant to the provisions of Sections 607.01<br>office or registered agent, or both, in the Stat<br>agent. 1 am forfiliar with, and accept the obty<br>IGNATURE<br>Signature, typed or printed name of registered a<br>2. OFFICERS A<br>LE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP<br>LE  | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84 City T a       s, the above-named control to thorized by the corport da Statutes.       c)     S       Registered Agent signature req       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>DATE</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br><u>Belleair, FL 346</u><br>P D S  | Addition   |
| Pursuant to the provisions of Sections 607.03 office or registered agent, or both, in the Stat agent. 1 am forfiliar with, and accent the obta IGNATURE Signature, typed or printed name of registered a 2. OFFICERS # LE ME REET ADDRESS IY-ST-ZIP LE ME   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84     City       s, the above-named cx       thorized by the corpord       da Statutes.       column 2015       Column 2015       13.       1.1       1.2       1.3       1.4       City Transmission       1.4       City Transmission       1.4       City Transmission       2.1  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br><u>Belleair, FL 346</u><br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.  | 34689 of changing its registered ointment as registered  |
| Pursuant to the provisions of Sections 607.01     office or registered agent, or both, in the Stat     agent. I am infiliar with, and accept the obtin     IGNATURE     Signature, typed or printed name of registered a     2. OFFICERS #      LE     ME     REET ADDRESS     TY-ST-ZIP     IREET ADDRESS     TY-ST-ZIP  | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>igent and title if applicable.<br>AND DIRECTORS  | 84     City       s, the above-named cr       thorized by the corport       da Statutes.       Corport       13.       11.1       12. NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 <itile< td="">       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP</itile<>   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3   | 34689         of changing its registered         ointment as registered         /99         AND DIRECTORS IN 12         Change         Addition         6         Change         Addition         S         4689 |
| Pursuant to the provisions of Sections 607.01     office or registered agent, or both, in the Stat     agent. I am familiar with, and accept the obt     IGNATURE     Signature, typed or printed name of registered a     OFFICERS A      C | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>gent and title if applicable.<br>AND DIRECTORS   | 84     City       s, the above-named cr       thorized by the corport       da Statutes.       Corport       13.       11.1       12. NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 <itile< td="">       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1<itile< td=""></itile<></itile<>   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>DATE</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br><u>Belleair, FL 346</u><br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br><u>Tarpon Springs, FL 3</u><br>V D                         | 34689 of changing its registered ointment as registered  |
|   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>igent and title if applicable.<br>AND DIRECTORS  | 84     City       s, the above-named cr       thorized by the corport       da Statutes.       Corport       13.       11.1       12. NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 <itile< td="">       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP</itile<>   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>DATE</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br><u>Belleair, FL 346</u><br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br><u>Tarpon Springs, FL 3</u><br>V D<br>Marie S. Tsavaris    | 34689         of changing its registered         ointment as registered         /99         AND DIRECTORS IN 12         Change         Addition         6         Change         Addition         S         4689 |
|   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>igent and title if applicable.<br>AND DIRECTORS  | 84     City       s, the above-named cr       thorized by the corport       da Statutes.       Clip       T S a X       Registered Agent signature reg       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | 34.689 of changing its registered ointment as registered   |
|   | te of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>igent and title if applicable.<br>AND DIRECTORS  | 84     City       Tabove-named or       thorized by the corpord       da Statutes.       Clip       Table       13.       11.1       12.       13.       1.1       13.       1.1.1       12.       13.       1.1.1       12.       13.       1.1.1       12.       13.       1.1.1       12.       13.       1.1.1       12.       13.       1.1.1       12.       13.       13.       14.0       17.57.20       2.1       2.1       2.1       2.1       2.1       2.1       2.1       2.1       2.1       3.1       3.3       3.3       3.3  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis_pres_4/28</u><br><u>DATE</u><br><u>ADDITIONS/CHANGES TO OFFICERS /</u><br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br><u>Belleair, FL 346</u><br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br><u>Tarpon Springs, FL 3</u><br>V D<br>Marie S. Tsavaris    | Addition   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Iggent and tibe f applicable.<br>AND DIRECTORS   | 84       City       T a         thorized by the corpord       T s a t         construction       T s a t         registered Agent signature regist         | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | 34.689 of changing its registered ointment as registered   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Iggent and tibe f applicable.<br>AND DIRECTORS   | 84       City       T a         s, the above-named or       thorized by the corpord       thorized by the corpord         construction       1       T s a t         Registered Agent signature reg       13.       1         1.1       11.1       11.1         1.2       NAME       1.3         1.3       STREET ADDRESS       1.4         2.1       TTLE       2         2.1       TTLE       2.3         2.3       STREET ADDRESS       2.4         3.4       CITY-ST-ZIP       3.1         3.4       CITY-ST-ZIP       4.1         4.3       STREET ADDRESS       3.4         4.3       STREET ADDRESS       3.4  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | 34.689 of changing its registered ointment as registered   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Iggent and tibe f applicable.<br>AND DIRECTORS   | 84       City       T a         s, the above-named or       thorized by the corpord         thorized by the corpord       1         construction       1         registered Agent signature registered Agent sis agent sis signature registered Agent sis agent signature registe  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | 34.689 of changing its registered ointment as registered   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE   | 84     City       Totorized by the corpord       thorized by the corpord       da Statutes.       City       Totorized by the corpord       da Statutes.       City       Totorized by the corpord       13.       1.1 TITLE       12 NAME       13 STREET ADDRESS       14 CITY-ST-ZP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZP   | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | Addition   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE   | 84       City       T z         s, the above-named or       thorized by the corpord       thorized by the corpord         da Statutes.       T s a t       registered Agent signature regent signature regent si | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | Addition   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE | 84     City       Totorized by the corpord       thorized by the corpord       da Statutes.       C]     Total       13.       11.       12.       13.       1.1.       13.       1.1.       13.       1.1.       13.       1.1.       13.       1.1.       13.       1.1.       13.       1.1.       13.       1.1.       13.       13.       14.       13.       21.       14.       21.       21.       22.       23.       35.       24.       21.       35.       24.       21.       31.       31.       31.       31.       31.       32.       34.       217.       31.       31.       32.       34.       217.       37.       31.       31.       31.       31.       31.       31.       31. <td>orporation submits this statement for the purpose<br/>ration's board of directors. I hereby accept the app<br/><u>varis pres.</u> 4/28<br/><u>DATE</u><br/>ADDITIONS/CHANGES TO OFFICERS /<br/>C D<br/>Robert M. Doherty<br/>16 Hibiscus Rd. 3461<br/>Belleair, FL 346<br/>P D S<br/>Emmanuel S. Tsavari<br/>131 N. Hisbiscus St.<br/>Tarpon Springs, FL 3<br/>V D<br/>Marie S. Tsavaris<br/>148 Cleveland Place</td> <td>Addition</td>  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | Addition   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE   | 84     City       Totorized by the corporda Statutes.       City       Ci  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | 34.689 of changing its registered ointment as registered   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE | 84       City       T z         s, the above-named corpord       thorized by the corpord         thorized by the corpord       S. T S a V         Registered Agent signature reg       13.         1.1 TITLE       12 NAME         1.3 STREET ADDRESS       14 CITY-ST-ZIP         2.1 TITLE       22 NAME         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       32 NAME         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         5.1 TITLE       5.3 STREET ADDRESS         5.4 CITY-ST-ZIP       5.1 TITLE         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | Addition   |
|   | ie of Florida. Such change was au<br>gations of, Section 607.0505, Flori<br>Igent and tibe if applicable.<br>AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE | 84     City       Totorized by the corporda Statutes.       City       Ci  | orporation submits this statement for the purpose<br>ration's board of directors. I hereby accept the app<br><u>varis pres.</u> 4/28<br><u>DATE</u><br>ADDITIONS/CHANGES TO OFFICERS /<br>C D<br>Robert M. Doherty<br>16 Hibiscus Rd. 3461<br>Belleair, FL 346<br>P D S<br>Emmanuel S. Tsavari<br>131 N. Hisbiscus St.<br>Tarpon Springs, FL 3<br>V D<br>Marie S. Tsavaris<br>148 Cleveland Place | Addition   |