

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PH 2:48

DOCUMENT # S42553 (5)

1. Corporation Name

ALPHA FOLIAGE, INC.

Principal Place of Business

27600 S W 217 AVE
HOMESTEAD FL 33031
US

Mailing Address

18455 S.W. 264TH ST.
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1991

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0268608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAAS, JOHN P., ESQ.

590 ENGLISH AVE.

HOMESTEAD FL 33030

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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.

SIGNATURE

(Signature, typed or printed name of registered agent and filed as applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMOTT, JOHN C.
STREET ADDRESS	18455 SW 264 ST
CITY- ST- ZIP	HOMESTEAD FL
TITLE	D
NAME	DEMOTT, CAROLYN
STREET ADDRESS	18455 SW 264 ST
CITY- ST- ZIP	HOMESTEAD FL
TITLE	D
NAME	BUSTER, CHARLES S.
STREET ADDRESS	24050 S.W. 162ND AVE
CITY- ST- ZIP	HOMESTEAD FL
TITLE	D
NAME	BUSTER, M.A.
STREET ADDRESS	24050 S.W. 162ND AVE
CITY- ST- ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. 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 attachment with an address.

SIGNATURE:

Carolyn DeMott Carolyn DeMott
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3.3.95

305.2/8.5/09

(Date)

(Signature/Name)