


FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S51413 (0) 1. Corporation Name ALPHA ACE HARDWARE, INC.			
Principal Place of Business 712 CLEVELAND STREET SEBASTIAN FL 32958		Mailing Address 712 CLEVELAND STREET SEBASTIAN FL 32958	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
g. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> HUMPHREY, DAVID A. 712 CLEVELAND STREET SEBASTIAN FL 32958 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporate action I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUMPHREY, DAVID A. 712 CLEVELAND STREET SEBASTIAN FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUMPHREY, CHARLES W. 712 CLEVELAND STREET SEBASTIAN FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUMPHREY, PAMELA L. 712 CLEVELAND STREET SEBASTIAN FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUMPHREY, JOAN M. 712 CLEVELAND STREET SEBASTIAN FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
13.			
	11 TITLE		
	12 NAME		
	13 STREET ADDRESS		
	14 CITY - ST - ZIP		
	21 TITLE		
	22 NAME		
	23 STREET ADDRESS		
	24 CITY - ST - ZIP		
	31 TITLE		
	32 NAME		
	33 STREET ADDRESS		
	34 CITY - ST - ZIP		
	41 TITLE		
	42 NAME		
	43 STREET ADDRESS		
	44 CITY - ST - ZIP		
	51 TITLE		
	52 NAME		
	53 STREET ADDRESS		
	54 CITY - ST - ZIP		
	61 TITLE		
	62 NAME		
	63 STREET ADDRESS		
	64 CITY - ST - ZIP		

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/07/1991		
4. FEI Number 59-3062870	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
<div style="display: flex; justify-content: space-between;"> FL B5 Zip Code </div>		

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 respondent and type of respondent

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, DAVID A.	1.2 NAME	
STREET ADDRESS	712 CLEVELAND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, CHARLES W.	2.2 NAME	
STREET ADDRESS	712 CLEVELAND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, PAMELA L.	3.2 NAME	
STREET ADDRESS	712 CLEVELAND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JOAN M.	4.2 NAME	
STREET ADDRESS	712 CLEVELAND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: 

3-16-98 561-589-5555

CH2E034 (10/97)