

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000003182 (2)

1. Corporation Name
ALTERNATIVE LIVING SERVICES, INC.



Principal Place of Business
**450 N SUNNYSLOPE RD
SUITE 300
BROOKFIELD WI 53005
US**

Mailing Address
**450 N SUNNYSLOPE RD
SUITE 300
BROOKFIELD WI 53005-4861
US**

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report
06/25/1996

4. FEI Number
39-1771281

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 State, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 _____ DATE _____
Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **P**

NAME: **LASKY, WILLIAM F**

STREET ADDRESS: **450 N SUNNYSLOPE RD., STE. 300**

CITY-ST-ZIP: **BROOKFIELD WI**

TITLE: DELETE

NAME: **AVAS LUTICH, J. D**

STREET ADDRESS: **450 N SUNNYSLOPE RD., STE 300**

CITY-ST-ZIP: **BROOKFIELD WI**

TITLE: DELETE

NAME: **VSD KNEEN, JOHN W**

STREET ADDRESS: **184 SHUMAN BLVD, SUITE 200**

CITY-ST-ZIP: **NAPERVILLE IL 60583**

TITLE: DELETE

NAME: **ATAS YODER, KEITH J**

STREET ADDRESS: **11350 N. MERIDIAN, SUITE 200**

CITY-ST-ZIP: **CARMEL IN 46032**

TITLE: DELETE

NAME: **CCEO PETTY, WILLIAM G JR**

STREET ADDRESS: **184 SHUMAN BLVD, SUITE 200**

CITY-ST-ZIP: **NAPERVILLE IL 60583**

TITLE: DELETE

NAME: **D LORENZEN, KRAIG E M.D.**

STREET ADDRESS: **210 NW BARSTOW**

CITY-ST-ZIP: **WAUKESHA WI 53187**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P CEO D** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE: Change Addition

2.2 NAME: **KOMULA, THOMAS E.**

2.3 STREET ADDRESS: **450 N. SUNNYSLOPE RD, STE 300**

2.4 CITY-ST-ZIP: **BROOKFIELD WI 53005**

3.1 TITLE: **V ST** Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE: Change Addition

4.2 NAME: **AUSTIN, MARY LOU**

4.3 STREET ADDRESS: **450 N. SUNNYSLOPE RD. SUITE 300**

4.4 CITY-ST-ZIP: **BROOKFIELD, WI 53005**

5.1 TITLE: Change Addition

5.2 NAME: **C**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE: Change Addition

6.2 NAME: **GODWIN, FANE**

6.3 STREET ADDRESS: **450 N. SUNNYSLOPE RD SUITE 300**

6.4 CITY-ST-ZIP: **BROOKFIELD WI 53005**

14. I do 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 dated 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, on an attachment with an address.

SIGNATURE: *Mary Lou Austin* DATE: **1/29/97** DAYTIME PHONE: **(414) 789-9525**

CR2E034 (9/96)