

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N95000001123 (7)**

1. Corporation Name  
**ACCESSIBLE ALTERNATIVES, INC.**



Principal Place of Business  
 1730-A AMERICANA BLVD.  
 ORLANDO FL 32839

Mailing Address  
 1730-A AMERICANA BLVD.  
 ORLANDO FL 32839

3. Date Incorporated or Qualified  
**03/10/1995**

4. FEI Number  
**59-3303506**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year ~~intangible~~ Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DUFFY, KAREN G**  
**1409 NEWBRIDGE LANE**  
**ORLANDO FL 32825**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINI SOFKA, DONNA	
STREET ADDRESS	7540 DOCKSIDE ST.	
CITY-ST-ZIP	WINTR PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, CLAY H.	
STREET ADDRESS	108 HILCREST ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DETRICK, DONNA	
STREET ADDRESS	9137 LESWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFFY, KAREN	
STREET ADDRESS	1409 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, BILL	
STREET ADDRESS	7115 MODERNA WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Phelps
1.3 STREET ADDRESS	540 Harrold, Suite 100
1.4 CITY-ST-ZIP	Maitland FL 32751
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ferry Roberts
2.3 STREET ADDRESS	P.O. Box 3042
2.4 CITY-ST-ZIP	Orlando FL 32802
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gene Bergeron
3.3 STREET ADDRESS	6722 Jamestown Blvd. Apt 132L
3.4 CITY-ST-ZIP	Altamonte Springs FL 32709
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Victor Rosa
4.3 STREET ADDRESS	4538 Oak Haven Drive
4.4 CITY-ST-ZIP	Orlando FL 32839
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edith Ruby
5.3 STREET ADDRESS	1730 A Americana Blvd
5.4 CITY-ST-ZIP	Orlando FL 32839
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dan Ford
6.3 STREET ADDRESS	2450 West 33rd Street
6.4 CITY-ST-ZIP	Orlando FL 32839

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7 Jan 98** DAYTIME PHONE #: **859-1444**

CR2E037 (10/97)