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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90057 012 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000001123		
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	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3303506
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI-SOFKA, DONNA	1.2 NAME	
STREET ADDRESS	7540 DOCKSIDE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTR PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, CLAY H.	2.2 NAME	
STREET ADDRESS	108 HILCREST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEITRICK, DONNA	3.2 NAME	
STREET ADDRESS	9137 LESWOOD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, KAREN	4.2 NAME	
STREET ADDRESS	1409 NEWBRIDGE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, BARBARA	5.2 NAME	
STREET ADDRESS	540 HORATIO STE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JERRY	6.2 NAME	
STREET ADDRESS	P O BOX 3045	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *KAREN DUFFY* 11 Jan 98 (407) 857-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)