

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90008 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000046942 ✓

1. Corporation Name
UNITED ALTERNATIVES, INC.



Principal Place of Business: 882 NE 79TH STREET, MIAMI FL 33138, US
 Mailing Address: 1000 NE LITTLE RIVER DRIVE, MIAMI FL 33138, US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/15/1995
 4. FEI-Number: 65-0607639 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 owes the current year Intangible Personal Property: [] Yes [] No

9. Name and Address of Current Registered Agent
HAMM, ARTHUR W JR
1000 NE LITTLE RIVER DRIVE
MIAMI FL 33138

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 607.0502 and 607.1608, 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: Arthur W. Hamm, Jr. **ARTHUR W. HAMM - JR.** DATE: 7/8/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMM, ARTHUR W JR	
STREET ADDRESS	1000 NE LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SYPOLT, RACHELLE	
STREET ADDRESS	1196 NE 88TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSLAND, SHIRLEY A	
STREET ADDRESS	826 RAYMOND STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROP, JULES	
STREET ADDRESS	24 PALM ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRODE, HARVEY	
STREET ADDRESS	1121 WINDERMERE DRIVE	
CITY-ST-ZIP	WILSON NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Arthur W. Hamm, Jr. **ARTHUR W. HAMM - JR.** DATE: 7/8/99 (305) 758-9284

CR2E034 (5/99)

M45000046174
588791-90008-25

**THE ALTERNATIVE
RECOVERY PROGRAM**

882 N.E. 79th Street
Miami, FL 33138
(305) 758-9284
(305) 758-9286 fax

7/8/99

Your office this AM advised me to show the change in mailing address 2a and advise that this is the first Receipt of Corporation — only because the new occupant brought the form by my office.

Thank you, next year it will come straight to the office using the above as the mailing address.

Thanks,

