SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ^{kh}- 1₽ROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State ~ 1996 DIVISION OF CORPORATIONS 96 SEP 11 PM 12: 35 DOCUMENT # P95000047702 (2) SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA SENTENCING ALTERNATIVES RESEARCH GROUP, INC. Principal Place of Business Mailing Address \$100 SOUTH RIO GRANDE AVE. P.O. BOX 2575 ORLANDO FL 32802 ORLANDO FL 32802 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number AVE Applied For 803 P. D. Boy 339 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 5 Additional 5. Certificate of Status Desired 27 ee Required City & State City & State 6. Election Campaign Financing BOMPAND \$5.00 May Be Beach POHPAND BEACH Trust Fund Contribution 33060 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, U.S. A 33060 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DANNER, WILBERT C WIL BERT 9532 PINE TREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 83 909 84 Zip Code 114 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDE 11 TITLE PRESIDENT Change Addition NAME WILBERT WILBERT C. DANNER 1.2 NAME 2555 NE 11 AVE # 909 2655 NE 11 AVE # 909 2555 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$7 - 2IP TITLE DELETE 2.1 TITLE SEC./TR Change Addition NAME MERID BACHELOR 5122 NW 43 MAVE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK 2.4 City-St-Zip PC. 33078 TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4000019691144 4. 2 NAME -09/25/96--01099--027 STREET ADDRESS ****225.00 4.3 STREET ADDRESS ****225.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I made under earli; that I am an officer or director of the corporation or the receiver of trusted 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 an an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO