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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600007041

1. Corporation Name

A ALTERNATIVE RELEASE BALL BOND PROGRAMS OF BROW

Principal Place of Business	Mailing Address
869 NW 156 AVE PEMBROKE PINES FL 33028	869 NW 156 AVE PEMBROKE PINES FL 33028
2. Principal Place of Business	2a. Mailing Address
,	2a. Mailing Address 26
 1	— · · · · · · · · · · · · · · · · · · ·
Suite, Apt. #, etc.	26
Suite, Apt. #, elc.	26 Suite, Apt. #, etc.
21 Suite, Apt. #, etc. 22	26 Suite, Apt. #, etc. 27

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90084 006 ***150.00



Anu, inc	J.							
Principal Place	e of Business	Mailing Address			i (40)(59) (to latin stiri natis polit sour sour	WD117 WB41 WD111	118 de 1141 en 11	
869 NW 156 AVE PEMBROKE PINES FL 33028 869 NW 156 AVE PEMBROKE PINES FL 33028					DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed		_	
	<u> </u>				01/23/1996		-the Con	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	plied For t Applicable	
21	<u> </u>	26			65-0642584	=\$8.75./		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired .	Fee Re		
City & State	в .	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In		П.,	
24	25	29 3	0		Personal Property Tax.	Yes	□No	ł
	9. Name and Address of Curren	t Registered Agent		04 1	10. Name and Address of New Registered	Agent		1
MOL	A DALH			81 Name				
	a, paul NW 156 ave			82 Street Add	ress (P.O. Box Number is Not Acceptable)		<u> </u>	
	BROKE PINES FL 33028			03		•		ł
PEMI	BROKE FINES PL 33020		•	83				
				84 City	FI	85 Zip (Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the al	bove-named con	poration submits this statement for the purpose of	of changing its	registered	l
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	horized	I by the corporati	ion's board of directors. I hereby accept the appoint	ointment as re	gistered	
	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statt	nes.				
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	egistered	Agent signature require	red when reinstating) DATE] [
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	عَ إ
TITLE	PD	☐ DELETE	1.1 TI	TLE		Change	☐ Addition	3
	VIOLA, PAUL		1.2 N	ME				3
NAME.	YIQUA, FAUL		1,12,10					<
NAME STREET ADDRESS	869 NW 156 AVE		1	REET ADDRESS				1
		_	1.3 ST	REET ADDRESS TY-ST-ZIP			,0 er vara	֓֞֝֞֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜
STREET ADDRESS	869 NW 156 AVE	☐ DELETE	1.3 ST	TY-ST-ZIP		☐ Change	Addition	ן ני
STREET ADDRESS	869 NW 156 AVE PEMBROKE PINES FL 33028	☐ DELETE	1.3 ST 1.4 CF	TY-ST-ZIP		☐ Change	☐ Addition	ן ניי
STREET ADDRESS CITY-ST-ZIP TITLE	869 NW 156 AVE PEMBROKE PINES FL 33028 VD	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	TY-ST-ZIP		☐ Change	☐ Addition	ן ניי
STREET ADDRESS CITY-ST-ZIP TITLE NAME	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST-ZIP TLE AME REET ADDRESS				Local
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST-ZIP TLE AME REET ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP				L
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	TY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP				C
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 ST 1.4 CC 2.1 TD 2.2 NA 2.3 ST 2.4 CC 3.1 TD 3.2 NA 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME		Change	Addition	C
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE		1.3 ST 1.4 CC 2.1 TD 2.2 NA 2.3 ST 2.4 CC 3.1 TD 3.2 NA 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP				C
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE		Change	Addition	C
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 ST 1.4 Cr 2.1 TF 2.2 NA 2.3 ST 2.4 Cr 3.1 TF 3.2 NA 3.3 ST 3.4 Cr 4.1 TF 4.2 NA 4.3 ST 4.4 Cr	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 ST 1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST 3.4. Cr 4.1 Tr 4.2 Nr 4.3 ST 4.4 Cr 5.1 Tr	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	DELETE	1.3 ST 1.4 CT 2.1 TE 2.2 No. 2.3 ST 1.2 No. 2.3 ST 3.4 C 4.1 TT 4.2 No. 4.3 ST 4.4 CT 5.1 TT 5.2 No. 5.3 ST 5.4 CT 5.5 ST 5.5 ST 5.4 CT 5.5 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		☐ Change	☐ Addition☐ Addition☐ Addition☐ Addition☐	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	☐ DELETE	1.3 STI 1.4 CT 2.1 TP 2.2 NA 2.3 ST 2.4 CC 3.1 TP 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CC 5.1 TF 5.2 NA 5.3 STI 5.4 CC 6.1 TF	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE AME RREET ADDRESS ITY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TIL		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	869 NW 156 AVE PEMBROKE PINES FL 33028 VD VIOLA, CAROL 869 NW 156 AVE	DELETE	1.3 STI 1.4 CT 2.1 TP 2.2 NA 2.3 ST 2.4 CC 3.1 TF 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 STI 4.2 ST 5.1 TF 5.3 ST 5.4 CT 6.1 TT 6.2 NA	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE AME RREET ADDRESS ITY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE AME RREET ADDRESS TY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TIL		☐ Change	☐ Addition☐ Addition☐ Addition☐ Addition☐	

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 attagunged with an address, with all other like expowered.

SIGNATURE: