FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

AN W RENNEDY BLUD ORLANDO FL 32010 3. Date Proportinate or Charitrees 2. Principal Place of Elumeness 2. Principal Place of Elumeness 3. Date Proportinate or Charitrees 3. Date Proportinate or Charitrees 3. Date Proportinate or Charitrees 4. FERNATURE 3. FERNATURE 3. Sale, April Place 5. Contribute of Space of Elumeness 5. Contribute of Elumeness 5. Contribute of Elumeness 6. Election Contribute of Elumeness 6. The Contribute of E	Corporate	UMENT # 76901 SIDE ALTERNATIVES, INC.	1 (8)				 			ani eren bibir ina	i
3. Date incorporated or Cushing 3a. Date of Last Report 06/20/1983 02/23/1995 22/23/1995 24 FEI Number 26/20/1983 02/23/1995 27 26/20/1983 26/20/20/20/20/20/20/20/20/20/20/20/20/20/	Principal Plac	ce of Business	Mailing Address								
2. Principal Flace of Business)							
2. Mainty Address 2. A. Mainty Address 3. 4. FE Namine 59-2301233 Not Applicable Sulfa, Apt. 4, etc. 2. 2. 2. 2. 2. 2. 2.								3a.			
20	2. Principal F	Place of Business	2a. Mailing Address								_
Solite, Apt. 4, etc. Solite, Apt. 4, etc.	J		, , , , , , , , , , , , , , , , , , ,				1		\vdash	—	\dashv
City & State 23		. #, etc.	Suite, Apt. #, etc.								9
22 20 20 20 20 20 30 20 2							5. Certificate of Status Desired	23			
2p Country 2p Country 2p Country 8. The compression as labelly for intengable tax under s. 199.032 9. Name and Address of Current Registered Agent 81 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 10. Name and Address of New Registered Agent 92 Name 92	- '	te	— ·								
WOLF, JULE 434 W KENNEDY BLVD ORLANDO FL 32810 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am provisions of Sections 817,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am provisions of Sections 817,0502 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am purpose of	Z _I p 24				try		This corporation has liability for intangible tax under s. 199.032,				
## VOLF, JULE ### VENNEDY BLVD ORLANDO FL 32810 ### City #### City ### City ### City #### City #### City #### City #### City #### City ##### City ####################################		9. Name and Address of Curren	t Registered Agent	[90]							\dashv
434 W KENNEDY BLVD ORLANDO FL 32810 82					Nam	ie					\exists
ORLANDO FL 32810 83 Cory FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,1509 and 617,1509. Fearlds Statutes, the above harmed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Foricia. Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Horida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SUMMERIANDERS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME WOODBERY, PATRICIA 11 INTE 11 TITLE 11 TITLE 11 TITLE 11 TITLE 12 INTE 12 INTE 13 SIREL ADDRESS 14 CITY-S1-7P THE ORLANDO FL 14 CITY-S1-7P ORLANDO FL 15 CITY-S1-7P ORLANDO FL 16 CITY-S1-7P ORLANDO FL 17 CITY-S1-7P ORLANDO FL 18 CITY-S1-7P ORLANDO FL 18 CITY-S1-7P ORLANDO FL 18 CITY-S1-7P ORLANDO FL 18 CITY-S1-7P ORLANDO FL 19 CITY-S1-7P O				į.	32 Stre	et Addres	ss (P.O. Box Number is Not Acceptable	e)			4
11. Pursuant to the provisions of Sections B17,0502 and 617,1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered diffice for 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 diffice forming with, and accept the obligations of Section 617,0502, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered diffice forming with a property accept the appointment as registered agent, or both in the state of prince name of majority accept the appointment as registered diffice forming with a property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered diffice forming with a property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointment as registered agent. I am property accept the appointm				ļ.	12		· · · · · · · · · · · · · · · · · · ·				_
The Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of Lengting Mits registered diffice or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am of accept the objections of Section 617.0503, Florida Statutes. SIGNATURE SUMMAN, the first primes are at resident agent and the Legiciate NOTE Registered Agent sprature residently accept the appointment as registered agent. I am of the Committee of the Statutes of Section 617.0503, Florida Statutes. SIGNATURE SUMMAN AGENT ACCEPT PRIMES AND DIRECTORS 11.2 12. OFFICERS AND DIRECTORS 11.2 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. The WOODBERY, PATRICIA 12 NAME 1021 MONTCLAM ST 13 SINEET ACCRESS ORIAND FL COMPAN ACCEPT ACCEP	UNLAN	100 FL 32010									
11. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florida Statutes, the above-named corporation submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Forida's Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Stratutes. SIGNATURE SIGNATURE SUPPORT NEED TO PRODUCE A CONTROL OF FOR PROJECT OF P				- 1	1			F	11	•	7
SIGNATURE Sprann. Isseld or primor name of legislated agent agratuse responded Agent agratuse responded when researcing	 Pursuant or registe 	to the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the above	e-named	corporati	ion submits this statement for the purp	oose of c	hanging Its r	registered offic	ē
12	familiar w	ith, and accept the obligations of, Section	on 617.0503, Florida Statutes.	a by ine co	rporation	s board	or directors. I hereby accept the appo	intment a	s registered	i agent. I am	
12	SIGNATURE	Signature, typed or printed name of registered agent.	and title flanolicable things	6: Desintered 8							
Title	12.				yeni signatu	e required w			JO DIBECTO)RS IN 12	<u>بَ</u>
NAME WOODBERY, PATRICIA 12 NAME 13 STREET ADDRESS 1021 MONTCLAM ST 13 STREET ADDRESS 14 DTY-ST-ZP	THEE										નફૅ
C-1Y-S1-ZP				1.2 NAME							0
DELETE 21 TITLE Change Addition Change Change Addition Change Chan				1.3 STR	1.3 STREET ADDRESS						{}
MAME WOLF, JULIE 22 MAME 22			Dotter								
2440 SHEWSBURY RD		1							Change	Addition	٦٢
CITY-SI-2IP ORLANDO FL		0440 CUEWCOUDY DD									
Title		ODI ANDO EL				5					
NAME			∑ DELETE		·	-	· · · · · · · · · · · · · · · · · · ·	•••	Change	Addition	\dashv
City-st-zip	NAME	MCGRAY, DUANE		32 NAM	E				— c.,a.,g∘	- Manna	
THE VCD DELETE 4.1 TITLE ADDRESS LOUIS AAME HUGHES, LOUIS STREET ADDRESS 1461 VIA TUSCANY WINTER PARK FL TO DELETE 5.1 TITLE VCD NAME KISSICK, CATHERINE STREET ADDRESS 1343 RAVIDA WOODS DRIVE CITY-ST-ZIP APOPKA FL 32703 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 3.508 Vestavia Way CITY-ST-ZIP LORPWOOD FL 32778	STREET ADDRESS			3.3 STRE	et address	3					
NAME HUGHES, LOUIS STREET ADDRESS 1461 VIA TUSCANY HITTER PARK FL TILE TD DELETE STRICET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS C-TY-SI-ZIP TILE NAME STREET ADDRESS C-TY-SI-ZIP TILE NAME STREET ADDRESS THEE CONTROL OF ADDRESS THEE ADDRESS THEE CONTROL OF ADDRESS THE CONTR				3.4. C(T)	- ST - ZIP						
STREET ADDRESS CITY-SI-ZIP IND NAME KISSICK, CATHERINE STREET ADDRESS CITY-SI-ZIP INTLE NAME STREET ADDRESS CITY-SI-ZIP INTLE NAME STREET ADDRESS CITY-SI-ZIP INTLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP INTLE NAME STREET ADDRESS STRE		1	DELETE	4.1 TITLE					Change	☐ Addition	7
CITY-SI-ZIP WINTER PARK FL		•									
TILE TD DELETE 51 TITLE VCD Change Addition NAME KISSICK, CATHERINE 52 NAME SIREET ADDRESS APOPKA FL 32703 54 CITY-ST-ZIP TITLE DELETE DELETE 61 TITLE TD Change Addition NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP TO Change Addition Change Addition Change Addition Addition Addition FL 32778	- 1					5					
NAME SIRECT ADDRESS C-TY-SI-ZIP APOPKA FL 32703 DELETE DELETE TD Change Addition 62 NAME Jerry Kassab SIRECT ADDRESS STREET ADDRESS 3508 Vestavia Way LODREWOOD LODREWOOD CITY-SI-ZIP LODREWOOD LOD			DELETE			VCD			₹ 1 0 b		ᅻ
STREET ADDRESS C-TY-ST-ZIP APOPKA FL 32703 1343 RAVIDA WOODS DRIVE APOPKA FL 32703 54 CITY-ST-ZIP 61 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 63 STREET ADDRESS 3508 Vestavia Way LODREWOOD FL 32778	NAME	i	- Joseph			1,00			▼ I cusuđe	Addition	
CITY-ST-ZIP APOPKA FL 32703 54 CITY-ST-ZIP 7ITLE □DELETE 61 TITLE TD □ Change ☑ Addition NAME Jerry Kassab 35 TREET ADDRESS 3508 Vestavia Way 3508 Vestavia Way Longwood FL 32778	STREET ADDRESS					,					
DELETE 61TITLE TD ☐ Change	C:TY-ST-ZiP										1
NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-SI-7IP 54 CITY-SI-7IP 54 CITY-SI-7IP 54 CITY-SI-7IP 55 NAME 57 NAME 58 OR VESTAVIA Way 58 CITY-SI-7IP	j		DELETE				711.5		Change	Addition	1
CITY-ST-7IP Longwood, FI. 32778				62 NAME		1	-		-	-	
				63 STRE	ET ADDRESS						
		v certify that the information supplied w	th this filing is wal intails f!	64 CITY	ST-ZIP	Lor	ngwood, FL 32778				

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 appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 -646-63 25