

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004804 (8)

1. Corporation Name

ALTERNATIVE SOLUTIONS GROUP, INC.

Principal Place of Business

4201 LAKE COOK RD.
NORTHBROOK IL 60062

Mailing Address

4201 LAKE COOK RD.
NORTHBROOK IL 60062-1060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7077 BONNEVAL		26		09/18/1996			
22 SUITE 230		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 JACKSONVILLE FL.		28 City & State		36-4103428		Not Applicable	
24 32216		25 DUVAL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
		29		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

11. 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, GERALD M	12 NAME	
STREET ADDRESS	4201 LAKE COOK RD.	13 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, RICHARD	22 NAME	
STREET ADDRESS	4201 LAKE COOK RD.	23 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISMAN, DAVID S	32 NAME	
STREET ADDRESS	4201 LAKE COOK RD.	33 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELNICK, RICHARD J	42 NAME	ST KAREN L. PATULLO
STREET ADDRESS	11921 ROCKVILLE PIKE #300	43 STREET ADDRESS	750 WATERFORD CT.
CITY-ST-ZIP	ROCKVILLE MD 20852	44 CITY-ST-ZIP	LAKE ZURICH, IL 60047
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: Karen L. Patullo

KAREN L. PATULLO

4-15-97

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CR2E034 (9/96)