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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005861 (7)

1. Corporation Name
AWESOME ALTERNATIVES, INC.



Principal Place of Business
7668 THORNLEE DRIVE
LAKE WORTH FL 33467

Mailing Address
7668 THORNLEE DRIVE
LAKE WORTH FL 33467-7856

3. Date Incorporated or Qualified
11/12/1996

3a. Date of Last Report

2. Principal Place of Business
21 7373 OAKBORO DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 7373 OAKBORO DRIVE
Suite, Apt. #, etc.

4. FEI Number
06-1441482

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
LAKE WORTH, FL

28 City & State
LAKE WORTH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33467

25 Country
USA

29 Zip
33467

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIVELLI, KEN
7668 THORNLEE DRIVE
LAKE WORTH FL 33467

81 Name
CIVELLI, KEN

82 Street Address (P.O. Box Number is Not Acceptable)
7373 OAKBORO DRIVE

83

84 City
LAKE WORTH FL

85 Zip Code
33467

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	CIVELLI, KEN	
STREET ADDRESS	9873 LAWRENCE RD. K304	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CIVELLI, KEN	
1.3 STREET ADDRESS	7373 OAKBORO DRIVE	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
2.1 TITLE	VICE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CIVELLI, DIANA	
2.3 STREET ADDRESS	7373 OAKBORO DRIVE	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
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 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: _____ FEB. 18, 1997 800-733-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)