FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **H53242** **(4)**

1. Corporate Name

ALTERNATE FAMILY CARE SYSTEMS, INC.

Principal Place of Business: 5925 MCKINLEY STREET, HOLLYWOOD FL 33021

Mailing Address: 5925 MCKINLEY STREET, HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1985

3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-2540789 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address (changes): 21 Street / 26 ; 22 Suite, Apt. # etc. / 27 ; 23 City & State / 28 ; 24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMON, RONALD D.
412 S.W. 12TH COURT
FORT LAUDERDALE FL 33315

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	11 TITLE [ ] Change [ ] Addition
NAME	SIMON, RONALD	12 NAME
STREET ADDRESS	412 SW 12TH COURT	13 STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP
TITLE	PD	21 TITLE [ ] Change [ ] Addition
NAME	FERGUSON, DAVID	22 NAME
STREET ADDRESS	401 SW 54TH AVE.	23 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP
TITLE		31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] Sanctary — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (305) 963-0991

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