**PROFIT** CORPORATION . ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90017 035 \*\*\*158.75

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name J22183

ALTERNATE FAMILY CARE, INC.

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Principal Place	e of Business	Mailin	g Address						***************************************		
10001 W OAKLAND PARK BLVD		. 10001	10001 W OAKLAND PARK BLVD								
302		302	302								
SUNRISE FL 33	1351		SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE				
US	٠,	US				•	3. Date Incorpora				
							07/02/1986	)		·	
2. Principal P	lace of Business	2a. Ma	ailing Address				4. FEI Number		•	Ar	plied For
21		26					59-270840	4		. No	t Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.		•		5. Certifcate of S	tatus Dosirad	*		Additional
22	•	27					5. Certificate of S	Maius Desired	2.0	Fee Re	equired
City & Stat	:e	Ci	ity & State				6. Election Camp	aign Financing	П	\$5.00	May Be
23		28				• •	Trust Fund Co	ontribution	Ц	Added	
Zip	Country	Zig	D	Cou	ntry		8. This corporation	on owes the cur	rent vear in	ntangible +	
24	25	29 .		30	-		Personal Prop		•	∐ Yes ∄	□No
24	9. Name and Address o	170;	ed Agent	50	г-: <del>-</del>	•	10. Name and Ad		Registered	l Agent ः∦	****
	g, Name and Address o				81	Name		*		Į.	
GI AS	SSER GENE K	• •									
	TYLER ST	P1 1	*		82	Street Addr	ess (P.O. Box Numb	er is Not Accept	table)	į:	
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		a purior .	M. Carles Avenue			•	, .		Fl		
	<u> </u>	607 0502 and 607	1EDP Florido Sto	tutes the a	hove-r	named com	oration submits this s	tatement for the	purpose o	of changing its	registered
11. Pursuant	to the provisions of Sections	001.0302 and 001.	1500, Fiorida Sta	tatoo, alio o	DO 40-1	named colp					
⊸ office or r	to the provisions of Sections egistered agent, or both, in the	he State of Florida. 🤄	Such change was	s authorized	by th	e corporation	on's board of director	s. I hereby acce	pt the appt	ointment as re	gistered
⊸ office or r	to the provisions of Sections registered agent, or both, in the im familiar with, and accept the	he State of Florida. 🤄	Such change was	s authorized	by th	ie corporatio	on's board of director	s. I hereby acce		ointment as re	gistered
⊸ office or r	registered agent, or both, in the im familiar with, and accept the	he State of Florida. She obligations of Se	Such change was ection 607.0505, F	s authorize Florida Stat	by the	ie corporatio	on's board of director	s. I hereby acce	DATE	intment as re	gistered
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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 attachment with an address; with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS