FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90026 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1	1999		DIVISION OF C	CORPORA	TIONS			02-21-19	99 9002	26 017 *	**150.00	O
	MENT # J3434	47			**							
•	ALTERNATIVE, INC.					}						
LOGIONE	THE CONTRACTOR OF THE CONTRACT						11111					
Principal Place	of Business	Mai	iling Address		_		7 1001			1007 21211 010		
% JON S. SPIEC	GLER	% J	on S. Spiegler			Į						
10900 N.W. 10TH ST. 10900 N.W.) N.W. 10TH ST.				DO NOT WRITE IN THIS SPACE					
PLANTATION FL	33322	PLA	NTATION FL 33322			-	3. Date Inco	rporated or C			.,,,	
						ł	09/22/1					
2. Principal Place of Business			2a. Mailing Address				4. FEI Numb	per			_ 	plied For
21		26					<u>59-271</u>	<u>5329 </u>				ot Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				5. Certifcate	of Status De	sired			Additional equired
22		27					 ,					
City & State	•	<u> </u>	City & State					Campaign Fin Id Contributio				May Be to Fees
23		28	7in	Cour	itrv			oration owes		nt vear Inta		
Zip	Country	— —	Zip	30	iu y			Property Tax		n your mu	Yes	□No
24	9. Name and Address of C	29 Current Regist	ered Agent	Joe			10. Name ar			gistered A	gent	
	5. Name and Address of	sarrone region			81 Na	ne		<u> </u>				
SPIE	GLER, JON S.			-	82 Str	act Addres	s (P.O. Box N	umber is Not	Acceptab	ie)		
10900 NW 10TH STREET					02							
PLANTATION FL 33322				Ī	83		·					
					84 Cit			 -			85 Zip	Code
				- !		•				<u>FL</u>		
11. Pursuant	to the provisions of Sections 60 egistered agent, or both, in the	07.0502 and 60	37.1508, Florida Statu	tes, the at	ove-nan	ned corporation	ation submits 's board of dire	this statemen ectors. I here	it for the p by accept	the appoin	manging it tment as r	egistered
office or re agent. I a	egistered agent, or both, in the m familiar with, and accept the	obligations of,	Section 607.0505, Flo	orida Statu	ites.	огрогили						
CICNIATURE							()	<u> </u>		DATE	<u>.</u>	
	Signature, typed or printed name of registr	ered agent and title it RS AND DIRE		E: Registered	Agent signa	ture required w	when reinstating)	IS/CHANGES	TO OFF		DIRECT	ORS IN 12
12.	DPT	NO AND DINE	DELETE	1.1 TIT							Change	
TITLE	SPIEGLER, JON S.			1.2 NA	ME							
NAME STREET ADDRESS	10900 N.W. 10TH ST.			1.3 ST	REET ADDR	ESS						
CITY-ST-ZIP	PLANTATION FL			1.4 CIT	Y-ST-ZIP							
TITLE	DVS		☐ DELETE	2.1 TIT	LE			•			☐ Change	☐ Addition
NAME	SPIEGLER, KAREN ANN			2.2 NA	ME							
STREET ADDRESS	10900 N.W. 10TH ST.			2.3 ST	REET ADOF	ESS		-				
CiTY-ST-ZIP	PLANTATION FL				TY-ST-ZIP						Change	Addition
TITLE			☐ DELETE	3.1 TIT							☐ ¢iiangc	
NAME				3.2 NA								
STREET ADDRESS					REET ADDR	RESS					-	
CITY-ST-ZIP			☐ DELETE	3.4. CI 4.1 TIT	TY-ST-ZIP				· ·		Change	Addition
TITLE			- DECETE	4, 2 N								
NAME					REET ADDI	RESS						
STREET ADDRESS					TY-ST-ZIP	200				•		
CITY-ST-ZIP			☐ DELETE	5.1 TI							☐ Change	Addition
TITLE				5.2 NA					• . :			
NAME STREET ADDRESS				5.3 ST	REET ADD	RESS						
CITY-ST-ZIP				5.4 CI	TY-ST-ZIP					·		
TITLE			☐ DELETE	6.1 Ti	TLE						. Change	e
NAME				6.2 N	AME							
/1/Set	¥.			6.3 S	TREET ADD	RESS						

6.4 CITY-ST-ZIP 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 addiress, with all other like empowered. CITY-ST-ZIP

SIGNATURE: