

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K02381** (7)
1. Corporation Name
ALTERNATIVES, INC.



Principal Place of Business Mailing Address
3800 S. TAMiami TRAIL
STE. 17
SARASOTA FL 34239
US

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

3. Date Incorporated or Qualified **11/13/1987** 3a. Date of Last Report **07/07/1995**
4. FEI Number **65-0014896** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PULLI, G. VINCENT
3800 S. TAMiami TRAIL
STE. 17
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name **KEVIN R. VINE**
82 Street Address (P.O. Box Number is Not Acceptable)
3927 AUSTIN STREET
83
84 City **SARASOTA** FL 85 Zip Code **34231**

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 **Kevin R. Vine** **15/11/96**
Signature, typed or printed name of registered agent and date (Not L: Registered Agent signature required when reappointing)

1-30-96
DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D PULLI, G. VINCENT**
STREET ADDRESS **4519 CHERRYBARK COURT**
CITY-ST-ZIP **SARASOTA FL**
TITLE ☒ DELETE
NAME **D PULLI, BARBARA L.**
STREET ADDRESS **4519 CHERRYBARK COURT**
CITY-ST-ZIP **SARASOTA FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D VINE, KEVIN R.**
1.3 STREET ADDRESS **3927 AUSTIN STREET**
1.4 CITY-ST-ZIP **SARASOTA FL 34231**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **G. Vincent Pulli** **G. VINCENT Pulli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 **941-366 0160**
Date Daytime Phone #

CR2E034 (12/95)