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

PROFIT CORPORATION ANNUAL REPORT



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

1996

(7)

DOCUMENT #

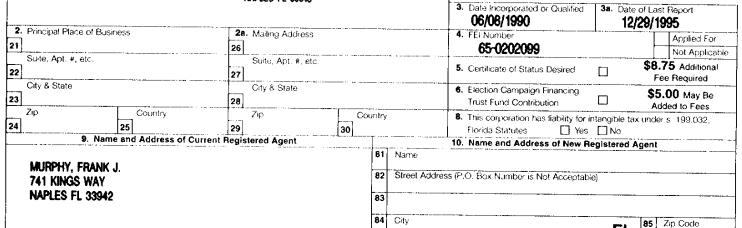
Corporation Name

THE FLORIDA ALTERNATIVE, INC.

Principal Place of Business

C/O FRANK J. MURPHY 741 KINGS WAY NAPLES FL 33942-4929 Mailing Address

36 9TH STREET SOUTH STE. 4 NAPLES FL 33940



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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

			PE. Brightenic Agrill signalize require when reintarisg. DATE		
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	, <del>-</del> -	☐ D€LETE	1 1 THLE	Change Addition	
NAME	MURPHY, FRANK J.		1.2 NAME		
STREET ADDRESS	741 KINGS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY - \$1 - 7/P		
TrTLE	DVS	DELETE	2 1 TITLE	Change Addition	
NAMé	MURPHY, PHYLLIS		2.2 NAME		
STREEL ADDRESS	741 KINGS WAY		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		2.4 CITY - ST - ZIP		
TITLE	DV DELETE	3 1 TITLE	Change Addition		
NAME	MURPHY, ED		3.2 NAME		
STREET ADDRESS	741 KINGS WAY		3.3 STREFT ADDRESS		
CITY - ST - 7IP	NAPLES FL		3.4 C/TY - ST - ZIP		
TOTLE	712.	DELETE	4 LTITLE	Change Addition	
NAME			4.2 NAME	Change Regition	
SIREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 City - \$1 - ZiP		
TITLE		DELETE	5 1 Title	☐ Change ☐ Addition	
NAME			5.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	5 4 CHY - \$1 - ZIP 6 1 TITLE		
NAME		LJ WILCOL		Change Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
0111-21-21F			6.4 CITY - SE - 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FRANK MURPHY

4/29/96 (941)649.4994

CR2E034 (12/95)