

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14771** (2)

1. Corporation Name
THE ALTERNATIVE PROGRAMS, INC.



Principal Place of Business: 710 NW 62ND STREET, PO BOX 510266, MIAMI FL 33151-0266
Mailing Address: P O BOX 510266, PO BOX 510266, MIAMI FL 33151-0266, US

3. Date incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-2690657
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

2. Principal Place of Business: 21 151 N.W. 60TH STREET, 22 Suite, Apt. #, etc., 23 MIAMI, FLORIDA, 24 33127, 25 U.S.A.
2a. Mailing Address: 26 Suite, Apt. #, etc., 27, 28, 29, 30

9. Name and Address of Current Registered Agent: AYERS, GEORGIA JONES, 2475 NW 111TH STREET, MIAMI FL 33167
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD, NAME: RANGE, M ATHALIE, STREET ADDRESS: 1031 NW 87TH ST, CITY-ST-ZIP: MIAMI FL
TITLE: TD, NAME: ABBOTT, DALTON, STREET ADDRESS: 1940 NW 186TH DR., CITY-ST-ZIP: N. MIAMI BEACH FL
TITLE: SD, NAME: REED, KAYE, STREET ADDRESS: 1340 N.W. 193RD TERRACE, CITY-ST-ZIP: MIAMI FL
TITLE: VD, NAME: COWINS, BENJAMIN B., STREET ADDRESS: 19410 N.W. 17TH AVENUE, CITY-ST-ZIP: MIAMI FL
TITLE: D, NAME: ARMSBRISTER, VASHTI, STREET ADDRESS: 16035 NW 28TH COURT, CITY-ST-ZIP: MIAMI FL
TITLE: VD, NAME: WASHINGTON, WILLIAM H SR, STREET ADDRESS: 5022 NW 7TH AVE, CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: VD, 1.2 NAME: ELLIS, GEORGE, 1.3 STREET ADDRESS: 1055 NW 52ND STREET, 1.4 CITY-ST-ZIP: MIAMI, FLORIDA 33127
2.1 TITLE: D, 2.2 NAME: ODEN, WALTER, 2.3 STREET ADDRESS: 3300 NW 27TH AVENUE, 2.4 CITY-ST-ZIP: MIAMI, FLORIDA 33142
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY-ST-ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY-ST-ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Athalie Range* M. ATHALIE RANGE 3/11/96 (305)691-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)