

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90016 010 \*\*\*\*70.00

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N14771**

1. Corporation Name  
**THE ALTERNATIVE PROGRAMS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>151 N.W. 60TH STREET<br>PO BOX 510266<br>MIAMI FL 33127<br>US | Mailing Address<br>P O BOX 510266<br>PO BOX 510266<br>MIAMI FL 33151-0266<br>US |
|--|---|



|                                |                        |  |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>05/06/1986</b>   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2690657</b>   |
| 22 City & State                | 27 City & State        | Applied For<br><input type="checkbox"/> Not Applicable   |
| 23 Zip Country                 | 28 Zip Country         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |
| 24                             | 25                     | 29   |
| 24 Zip Country                 | 25 Zip Country         | 30   |
|                                |                        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

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 **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>EL-AMIN, RASHAD</b>                    |
| STREET ADDRESS | <b>4300 S.W. 92DN AVE.</b>                |
| CITY-ST-ZIP    | <b>DAVIE FL</b>                           |
| TITLE          | <b>TD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>ABBOTT, DALTON</b>                     |
| STREET ADDRESS | <b>1940 NW 186TH DR.</b>                  |
| CITY-ST-ZIP    | <b>N. MIAMI BEACH FL</b>                  |
| TITLE          | <b>SD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>REED, KAYE</b>                         |
| STREET ADDRESS | <b>1340 N.W. 193RD TERRACE</b>            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                           |
| TITLE          | <b>VD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>ELLIS, GEORGE</b>                      |
| STREET ADDRESS | <b>1055 NW 52ND STREET</b>                |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                           |
| TITLE          | <b>PD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>RANGE, M. A</b>                        |
| STREET ADDRESS | <b>1031 NW 87TH STREET</b>                |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                           |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>ODEN, WALTER</b>                       |
| STREET ADDRESS | <b>3300 NW 27TH AVENUE</b>                |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 617, 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.

SIGNATURE: *[Signature]* **2/17/99** (305) 691-4343  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/198)