SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N40463 (4)

1. Corporation Name

THE ALTERNATIVE SOUTH, INC.

Principal Place of Business	Mailing Address
7290 N. SPRING RUN TERR HERNANDO FL 33342 US	7290 N. SPRING RUN TERR. HERNANDO FL 33342 US

3. Date Incorporated or Qualified: 10/08/1990

4. FEI Number: 59-3139131 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: X — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

	Principal Place of Business	Mailing Address
21/26	7045 N Castleberry Rd	7045 N Castleberry Rd
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	Hernando FL.	Hernando Florida
24/29 Zip	34442	34442
25/30 Country	Citrus	Citrus

9. Name and Address of Current Registered Agent

MOYER, PATRICIA J.
7290 N. SPRING RUN TER.
HERNANDO FL 34442

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	MOYER, PATRICIA J	
STREET ADDRESS	7290 N. SPRING RUN TERR.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SD	[ ] DELETE
NAME	ZYLKA, BROOKE	
STREET ADDRESS	4603 TARAY LANE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VD	[ ] DELETE
NAME	STRICKROOT, FRED	
STREET ADDRESS	4603 TARAY LANE	
CITY-ST-ZIP	HOLIDAY 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E037 (5/98)

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.

SIGNATURE: Patricia J Moyer, President — 9/3/98 — Patricia J Moyer, President — 352-637-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #