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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002524 (3)**

1. Corporation Name

ABUSE ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

**427 NORTH PRIMROSE DRIVE
ORLANDO FL 32803**

**427 NORTH PRIMROSE DRIVE
ORLANDO FL 32803**

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

None-Non Active

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☒

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIGH, RICHARD A
39 W. PINE STREET
ORLANDO FL 32801**

81 Name

Walsh, Frederick J.

82 Street Address (P.O. Box Number Is Not Acceptable)

427 N. Primrose Dr.

83

84 City

Orlando

FL

85 Zip Code **32803**

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

Frederick J Walsh

April 28, 1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OCKWIG, STANLEY	
STREET ADDRESS	4940 CASPLAN COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRODE, GERALD	
STREET ADDRESS	P.O. BOX 555837-MP14	
CITY-ST-ZIP	ORLANDO FL 32855-5837	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASTLE, J. GARY	
STREET ADDRESS	8501 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALSH, FREDERICK J	
STREET ADDRESS	427 N. PRIMROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DINGELDEY, PETER E	
STREET ADDRESS	8851 MEDINAH WAY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OCKWIG, STANLEY	
1.3 STREET ADDRESS	4940 CASPLAN COURT	
1.4 CITY-ST-ZIP	ORLANDO FL 32819	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CASTLE, J GARY	
3.3 STREET ADDRESS	8501 COMMODITY CIRCLE	
3.4 CITY-ST-ZIP	ORLANDO FL 32819	
4.1 TITLE	P/V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALSH, FREDERICK J	
4.3 STREET ADDRESS	427 N. PRIMROSE DR	
4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
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.

SIGNATURE:

Frederick J Walsh

3-30-98

CR2E037 (10/97)