


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005576**

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

Principal Place of Business 370 NORTH NOVA ROAD DAYTONA BEACH FL 32114	Mailing Address P.O. BOX 11145 DAYTONA BEACH FL 32120-1145
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/01/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3484766
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARONEY, SANDRA L. 715 FAIRMONT ROAD DAYTONA BEACH FL 32114		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, BRUCE	1.2 NAME	PAT HEATH
STREET ADDRESS	370 NORTH NOVA ROAD	1.3 STREET ADDRESS	370 N NOVA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARONEY, SANDRA L	2.2 NAME	
STREET ADDRESS	370 NORTH NOVA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, TANI	3.2 NAME	
STREET ADDRESS	370 NORTH NOVA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CARLEEN	4.2 NAME	
STREET ADDRESS	370 NORTH NOVA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNNS, JAMES	5.2 NAME	
STREET ADDRESS	370 NORTH NOVA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] SIGNATURE REQUIRED [Signature] DATE: 1/17/99 DAYTIME PHONE #: 904 676 2143

CR2E037 (1/98)