## NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90003 029 \*\*\*\*61.25

	1999			DIVISION OF CO	JRPO!	CATI	UNS		1				
-DOCUMENT # N9800001457													
FIFTH STREET ALTERNATIVES, INC.													
Principal Plac	e of Business		M	ailing Address									
4121 N.W. 5TH STREET SUITE 206 4121 N.W. 5TH STREET SUITE									i				
PLANTATION FL 33317-2158 PLANTATION FL 33317-2158							6						
									11884481 818 18181		*****************		
2. Principal P	lace of Business	Za. Mailing Address						3. Date Incorporated or Qualifed					
21				26					03/11/1998				
Suite, Apt.	#, etc.			Sulte, Apt. #, etc.	4- FEI Number			i		<del></del>	piled For Applicable		
22		<del></del>	27	City & State		-		65-0819829		\$8.75		1	
City & Star	te	28	City & Size			5. Certificate of Status Desired			Fee Re		1		
23 Zip		201	Zip .	intry	6. Election Car		6. Election Campaign Financing		\$5.00	May Be	· .		
24	25	•	29	3				Trust Fund Contribution		Added t	o Fees	ł	
	9. Name and	Address of Current I	Regis	tered Agent		81	Name		10. Name and Address of New F	registered	Agent		ĺ
										<del></del>	<u></u>		
RHODES, KATHLEEN M						82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible}		•	
4121 N.W. 5TH STREET SUITE 206							-			,			1
PLANTATION FL 33317-2158											85 Zip (	`oda	'
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida States.							City		· · · · · · · · · · · · · · · · · · ·	FL	_ [***		
11. Pursuant	to the provisions	of Sections 617.0502	and 6	17.1508, Florida Statute	s, the s	bow	-named	corpor	ration submits this statement for the	purpose o	f changing its intment as re	registered gistered	1
office or agent. I a	registered agent, am familiar with, a	or both, in the State of and accept the obligation	ns of	, Section 617.0503, Flori	da Sta	tutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			_	)· ·
SIGNATURE										DATE			8
Signature, typed or pristed name of registered agent and tile if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS						egistered Agent signature required to 13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO		(11/98)
TITLE	PD	Or iochiorate		☐ DELETE	1.1 T	TILE			•		☐ Change	☐ Addition	
NAME	RAMBO, WILL	LIAM C		12N			ME.						3R2E037
STREET ADDRESS	-	1357			3 STREET ADORESS			· :	•		12		
CITY-ST-ZIP	Planta		33	3317114			1,4 CITY-ST-ZIP				Change	Addition	5
TITLE	VS D DELETE					2.1 TITLE			•			_	l
NAME	BUTLER, BRUCE I ss 3001 SW 18 Tce. #154					22 NAME 23 STREET ADDRESS							}
STREET ADDRESS	Da Tandandolo El 22				<b>1</b>								]
TITLE	T D DELET				3.1 T		·		•		Change	Addition	1
NAME	RHODES, KATHLEEN M					3.2 NAME			÷				(
STREET ADDRESS	1051_Hillsboro_M			ile_#607E!33			3.3 STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	Hillsh	oro Beach	,	FL 33062	_	ATY-S	T-ZP	<u> </u>			Change	Addition	1
TITLE		•		O DECETE	4.1 T							_	
NAME		•				WAE.	ADORESS	1		٠			
STREET ADDRESS						77Y-51		l	•,				
TITLE	<del> </del> -			DELETE	5.1 T		, <u></u> -				Change	Addition	:
NAME	1.				5.2 N	AME							}
STREET ADDRESS	si			٠	5.3 5	TREET	ADORESS	1					1
CITY-ST-ZIP	<u> </u>					ary-si	T-ZIP	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	ПСтата	Addition	1
TIRLE	T		_	☐ DELETE	8.1 T			}			Change	F-1 -400-0011	1
NAME	1					AME		İ					
STREET ADDRESS	s	· ·			6.3 5	HEET	ADDRESS	1	•				]

14. I heraby 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 cartify 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:

3.25.45