

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P39459 (3)

1. Corporation Name

ALTERNATIVE REMEDIAL TECHNOLOGIES, INC.

Principal Place of Business

14497 NORTH DALE MABRY HIGHWAY, STE 140
TAMPA FL 33618

Mailing Address

14497 NORTH DALE MABRY HIGHWAY, STE 140
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/24/1992

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3116724

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BIVINS, ROBERT W.
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA FL 33602**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	CARLTON, WALTER R.
STREET ADDRESS	14497 N. DALE MABRY HWY., STE. 140
CITY - ST - ZIP	TAMPA FL 33618
TITLE	CD
NAME	ROTHSCHILD, ED
STREET ADDRESS	1099 18TH STREET #2100
CITY - ST - ZIP	DENVER CO 80202
TITLE	PD
NAME	MANN, MICHAEL J.
STREET ADDRESS	14497 N DALE MABRY HWY. STE. 140
CITY - ST - ZIP	TAMPA FL 33618
TITLE	D
NAME	HEDDEMA, TON
STREET ADDRESS	LOWINKLAAN 1, P.O. BOX 33
CITY - ST - ZIP	THE NETHERLANDS
TITLE	TD
NAME	MCCUSKER, JOHN
STREET ADDRESS	125 EAST BETHPAGE ROAD
CITY - ST - ZIP	PLAINVILLE NY 11803
TITLE	V
NAME	SEWARD, CARL
STREET ADDRESS	14497 N. DALE MABRY HWY. STE 140
CITY - ST - ZIP	TAMPA FL 33618

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter R. Carlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Press)