

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
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**

3. Date Incorporated or Qualified: **06/24/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-3116724**
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

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 (81-85) fields: Name, Street Address, City, State (FL), 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE: V NAME: CARLTON, WALTER R. STREET ADDRESS: 14497 N. DALE MABRY HWY., STE. 140 CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> DELETE	1.1 TITLE: VPS 1.2 NAME: Herbert M. Blum 1.3 STREET ADDRESS: 1099 18th Street, #2100 1.4 CITY-ST-ZIP: Denver, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CD NAME: ROTHSCHILD, ED STREET ADDRESS: 1099 18TH STREET #2100 CITY-ST-ZIP: DENVER CO 80202	<input type="checkbox"/> DELETE	2.1 TITLE: T 2.2 NAME: John J. Chouinard 2.3 STREET ADDRESS: 1099 18th Street, #2100 2.4 CITY-ST-ZIP: Denver, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: MANN, MICHAEL J. STREET ADDRESS: 14497 N DALE MABRY HWY. STE. 140 CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Steven B. Blake 3.3 STREET ADDRESS: 1099 18th Street, #2100 3.4 CITY-ST-ZIP: Denver, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HEDDEMA, TON STREET ADDRESS: LOWINKLAAN 1, P.O. BOX 33 CITY-ST-ZIP: THE NETHERLANDS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: 400001799844 4.4 CITY-ST-ZIP: -04/29/96-01114-043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MCCUSKER, JOHN STREET ADDRESS: 125 EAST BETHPAGE ROAD CITY-ST-ZIP: PLAINVILLE NY 11803	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: ***200.00 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SEWARD, CARL STREET ADDRESS: 14497 N. DALE MABRY HWY. STE 140 CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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* 1/25/96 813-264-3506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)

Handwritten initials