

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33618-2047**

3. Date Incorporated or Qualified: **06/24/1992**  
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc. <b>Suite #240</b>		26 Suite, Apt. #, etc. <b>Suite #240</b>		59-3116724		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BIVINS, ROBERT W. 100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA FL 33602</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CARLTON, WALTER R.</b>			1.2 NAME	<b>Steven B. Blake</b>		
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., STE. 140</b>			1.3 STREET ADDRESS	<b>1099 18th Street, #2100</b>		
CITY-ST-ZIP	<b>TAMPA FL 33618</b>			1.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROTHSCHILD, ED</b>			2.2 NAME			
STREET ADDRESS	<b>1099 18TH STREET #2100</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DENVER CO 80202</b>			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANN, MICHAEL J.</b>			3.2 NAME			
STREET ADDRESS	<b>14497 N DALE MABRY HWY. STE. 140</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33618</b>			3.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLUM, HERBERT M.</b>			4.2 NAME			
STREET ADDRESS	<b>1099 18TH STREET, #2100</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DENVER CO 80202</b>			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHOUINARD, JOHN J.</b>			5.2 NAME			
STREET ADDRESS	<b>1099 18TH STRET, #2100</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DENVER CO 80202</b>			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SEWARD, CARL</b>			6.2 NAME			
STREET ADDRESS	<b>14497 N. DALE MABRY HWY. STE 140</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33618</b>			6.4 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)