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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

. I BRITARI YE 1844 ILAN BANK BANK BANK BANK BANG KAYAR ING RANK BANK BANK

2/19/98 (409) 774-3141

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010364 (6)

ALTERNATIVES: A CENTER FOR CARING, INC.

			;	ICH BRICK IIIIN RAIX CIVI IRBI
Principal Place of Business	Mailing Address			
2811 WEST SR 434	2811 WEST SR. 434			
LONGWOOD FL 32779	LONGWOOD FL 32779 US		DO NOT WRITE IN THIS SPACE	
03	03		3. Date Incorporated or Qualified	O OI MOE
			02/11/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3165202	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	·········
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of		11	10. Name and Address of New Registere	d Agent
SNYDER, BONNIE J		81 Name	DI AT	
470 W CENTRAL PKWY		20 0 1	ROBERT A. EVANS	
STE - 1003		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 327	714	83	POTT DEST DE 43	
ALIAMOITE OF MITOO TE OZ.	114			
		84 City	ONGWOOD F	L 85 Zip Code 3とファク
11 Pursuant to the provisions of Sections &	07 0502 and 607 1508 Florida Statut	46		of above its anniators of
office or registered agent, or both, in the	State of Florida, Such change was a	authorized by the corpor	ration's board of directors. I hereby accept the a	ppointment as registered
		orida Statutes.	1/9	Par .
	COBYS . ored agent and title if applicable (NCIT)	Registered Agent signature rec	2//5//	<u> </u>
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TILLE P	DELETE			Change Addition
NAME SNYDER, BONNIE J		12 NAME	DIRECTOR ROBERT A. EVANS	
STREET ADDRESS 470 CENTRAL PKWY /	STF . 1003	1.3 STREET ADDRESS	9811 WEST 3R 434	
ALTALIONITE ODDINOO				
TITLE ALIAMONIE SPRINGS	DELETE	1.4 CITY-ST-ZIP	LONG-WOOD, FL 32779 NYDER, BONNIE J. 1811 WEST SR 434	Change Addition
NAME		2.2 NAME	LYNER RONNIE J.	ZS Change Addition
		2.2 NAME	PLL WEST SO UTY	
STREET ADDRESS		2 3 STREET ADDRESS 6	LONGWOOD, FL 32779	
CITY-ST-ZIP	DELETE		ONOWOOD, PL SZIII	Change Addition
TIFLE		3 1 TITLE		C Change E ROUIIION
NAME		3.2 NAME		
STAEET ADDRESS		3 3 STREET ADDRESS		i
CITY-ST-ZIP	DELETE	3.4. CiTY - ST - ZIP		Change Addiston
TITLE	ר"ז מנרבוב	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	□ ne.c.c	4.4 CITY - ST - ZIP		[] A + 100
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		

4. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or man attachment with an address.