

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030387 (3)
1. Corporation Name

ALTERNATIVE SYSTEM SERVICES, INC.



Principal Place of Business Mailing Address
% BYRON B. MATHEWS JR., ESO.
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131
% BYRON B. MATHEWS JR., ESO.
201 S. BISCAYNE BLVD., 22ND FLOOR
COCONUT GROVE FL 33133
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARTMAN, MAYNARD J JR.
3769 MAIN HWY.
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
08/09/1995

4. FEI Number

65-0415734

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

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

Maynard J Hartman Jr.

8/5/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARTMAN, MAYNARD J JR.
3769 MAIN HWY.
COCONUT GROVE FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

305-441-9973

CR2E034 (3/96)