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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

•	1996			DIVISION OF CORPORATIONS														
DOCUN 1. Corporation			30000	5772	26 (0))												
ALTERN	NATIVE R	ESOURCES	S, INC.							11	ELISEL DE I		HII so hi H	iri enili enil				
Principa: Place	e of Business			Ma ling Ac	ldress													
1683 SEABREEZE DRIVE				1683 SEABREEZE DRIVE														
TARPON SPRI	INGS FL 3468	39		TARPON	SPRINGS FL 3	34689				• Dak	Incorpor	alod or C	Tuol food	3a, Da	to of l	Last Da	nod	
										3. Date Incorporated or Qualified 08/17/1993				04/1		port		
2. Principal Place of Business 21				2a. Mailing Address						4. FEI Number 59-3196522					Applied For Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired					\$8.75 Additional Fee Required			
City & State				City & State													Мау Ве	
Zip Cauntry				7ip			Country			Trust Fund Contribution 8. This corporation has liability for				Added to Fees or intand-ble lax under s. 199 032				
24		25	of Current Rec			30	ې			Flor	da Statute	es		Yes [] No			
GR	OSS, LARF		or Corrent neg	istered A	gent.		81	Nac	ne	IU. Nar	ne and At	uuress o	I New ne	gisterea	.gent			
168	33 SÉABRE	eze dr					82	Stre	et Addr	ress (P.O. B	ox Numb	er is Not	Acceptal	ole)				
TAI	HPON SPH	GS FL 34689	Ì				83								 -			
							84	City	······································						85	Zip C	Code	
11. Pursuant t	to the provisi	ions of Section	s 607.0502 auc	607.1508	, Florida Statu	ites, the	above	-nam	ed corp	oration sub	m ts this s	talement	for the p	FL urpose of a	hang	ing its r	registered	
office or re agent. Las	egistered ag mifamiliar wi	ent, er both, in th, and accept	the State of Ho the obligations	of, Section	change was n 607.0505, F	authoriz Iorida Si	red by tatutes	the c	orporatio	on's board	of director	rs Theret	ту ассер	t trie appoi	ntmer	it as reg	gistered	
SIGNATURE	Signature typed	or ponted our wright	eg-Jered agert and	the tapple abi	, (tv	OTE Regist	tered Agr.	ni sign	ature requir	rod when relast.	togi			DATE				
12.			CERS AND DIF			1	3.					HANGES	TO OFF	CERS AND				
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NAME CIDELL ADODESO							2 NAME	ADD00	ce									
STREET ADDRESS CITY-ST-ZIP							3 STREET 4 City - S		22									
TITLE					DELETE		1 TITLE		-				***************************************]	С	nange	Aedition	
NAME							2 NAME											
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14. I do heret	L by certify that	t the informatio	on supplied with	this filina	is voluntarily	furnishe	4 City - S d and c	does	not qual	lify for the e	xemption	stated in	Section	119 07(3)(k), Fla	rida Sta	alutes	
further ce made und	erlify that the der oath, that	information inc til am an office	ircated on this a r or director of Block 13 if cha	annual repe the corpora	ort or supplen ation or the re	mental a oceiver o	nnuat r ir truste	eport e em	is true a	and accura	te and tha	it my sign	iature shi	all have the	same	e tega" e	effect as if	
SIGNAT	URE:	SIGNATURE AI	NO TYPE OF PRIN	TED NAME OF	SIGNING OFFICE	EA OR DIR	ECTOR			····		- ق-ط	96	(શ્રુવ)84	3- (7101	