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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045659 (7)

ALTERNATIVE RESOURCE DEVELOPMENT, INC.

Principal Place of Business Mailing Address 509 MAIN ST PO BOX 1161 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-1161 3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1994 09/06/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3260910 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WINN, KEN **509 MAIN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34895 83 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE WINN, KENNETH NAME 12 NAME 21 Philippe Landing 327 5 AVE NORTH STREET ADDRESS 1.3 STREET ADDRESS SAFETY HARBOR FL 34695 1.4 CITY - ST - PIP Satety Harbor CITY-ST-ZIP THE DELETE 2.1 TITLE 2.2 NAMS NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-SY-ZIP DELETE Addition Change THEF 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-SI-7P 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TIFLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY-ST-ZIP CITY - ST - ZIP

14. Ido 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 eath; 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 op an apperhenent with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

4/15/9+ (873) 725-170

Change

Addition

FILED

May 06 1997 8:00am

Secretary of State