
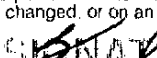


FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P94000045659 (7)</b>		
<b>1. Corporation Name</b> <b>ALTERNATIVE RESOURCE DEVELOPMENT, INC.</b>		
<b>Principal Place of Business</b> <b>509 MAIN ST</b> <b>SAFETY HARBOR FL 34695</b> <b>US</b>	<b>Mailing Address</b> <b>PO BOX 1161</b> <b>SAFETY HARBOR FL 34695-1161</b> <b>US</b>	
<b>2. Principal Place of Business</b> <div style="border: 1px solid black; padding: 2px;"> <b>21</b> <b>21 Philippe Landing</b>          Suite, Apt #, etc.  <b>22</b>          City &amp; State  <b>23</b> <b>Safety Harbor</b>          Zip  <b>24</b> <b>34695</b> <b>25</b> <b>Pinellas</b> </div>	<b>2a. Mailing Address</b> <div style="border: 1px solid black; padding: 2px;"> <b>26</b>          Suite, Apt #, etc.  <b>27</b>          City &amp; State  <b>28</b>          Zip  <b>29</b> <b>30</b> </div>	
<b>9. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>WINN, KEN</b>  <b>509 MAIN STREET</b>  <b>SAFETY HARBOR FL 34695</b> </div> <div style="width: 15%;"> <b>81</b> Name  <b>82</b> Street Address  <b>83</b>  <b>84</b> City         </div> </div>		
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> DELETE <b>WINN, KENNETH</b> <b>327 5 AVE NORTH</b> <b>SAFETY HARBOR FL 34695</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	
<b>13.</b>		
	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<b>1.5</b>
	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<b>2.5</b>
	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	
	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	
	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	
	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>		
<b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>SIGNATURE REQUIRED</b>   </div>		