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 # P95000012311 (3)

1. Corporation Name
CASE MANAGEMENT ALTERNATIVES, INC.

Principal Place of Business
~~1725 BLANDING BLVD. 100~~
~~JACKSONVILLE FL 32210~~

Mailing Address
~~1725 BLANDING BLVD. 100~~
~~JACKSONVILLE FL 32210~~

See Below

2. Principal Place of Business
21 1539 PARENTAl Home Rd.
Suite, Apt. #, etc
22 #102
City & State
23 Jacksonville, Fl
Zip
24 32216
Country
25 DUVAl

2a. Mailing Address
26
Suite, Apt. #, etc
27 Same
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
02/07/1995

3a. Date of Last Report

4. FEI Number
59-3295731
☐ 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

9. **Name and Address of Current Registered Agent**
NUGENT, AUBREY L
~~1725 BLANDING BLVD. 100~~
~~JACKSONVILLE FL 32210~~

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1539 PARENTAl Home Rd.
83 # 102
84 City Jacksmville FL
85 Zip Code 32216

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
DATE

12. OFFICERS AND DIRECTORS

TITLE	PresidenT/TreasureR	☐ DELETE
NAME	Aubrey L. Nugent	
STREET ADDRESS	1539 PAReNTAl Home Rd.	
CITY-ST-ZIP	Jax, Fl. 32216	
TITLE	Vice-PresidenT/SecretAry	☐ DELETE
NAME	Thomas HardesTy	
STREET ADDRESS	1539 PAReNTAl Home Rd.	
CITY-ST-ZIP	Jax, Fl. 32216	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-07/25/96--01055--026
***225.00

7-25-96
JR

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 on an attachment with an address.

SIGNATURE: Aubrey L. Nugent Aubrey L. NugenT 6/19/96 (904) 725-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #