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 # P95000028311 (5)

ALTERNATIVE ASSOCIATES INC.

Principal Place of Business Mailing Address 1515 S. FEDERAL HWY SUITE 306 SUITE 306 SOCIA PATON FILEDON										
BOCA RATON	FL 33432	BOCA RATON FL 33432-	/451			3. Date Incorporated or Qu 04/06/1995		ate of Last R 25/1996	Report	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number			pplied For		
21		26			65-0586224	 		ot Applicable		
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desi	red 🔲		Additional equired		
City & State	3	City & State			6. Election Campaign Finan	oina		May Be		
23		28			Trust Fund Contribution	□ □		to Fees		
Zip Country		Zıp	Oountry			8. This corporation has liab	ility for intengible	tax under s	3. 199.032	
24			30)		Florida Statutes				
	Q Name and Address of Curren	it Registered Agent		= -1		10. Name and Address of I	lew Registered	Agent		
	JX, ROBERT D			81	Name					
	S. FEDERAL HWY		82 Street Ac			ddress (P.O. Box Number is Not A	ress (P.O. Box Number is Not Acceptable)			
	E 306			83	- , .					
BOC	A RATON FL 33432			03						
				84	City		FL	85 Zip	Code	
office or re agent. I as SIGNATURE	to the provisions of Sactions 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corpo	oration's board of directors. I hereb	y accept the app	ointment as	registered	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	OFFICERS AND			
TITLE	P.	☐ DELETE	1.4 11	ITLE				☐ Change	☐ Addition	
NAME .	WILLIX, ROBERT D M.D.		1.P N							
STREET ADDRESS	1515 S. FEDERAL HWY BOCA RATON FL 33432				ADDRESS					
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CiTY- 24 TiTLE		1 - ZIP			Change	Addition	
NAME	HOLLAND, GERALD		2 P N							
STREET ADDRESS	1531 N.E. 42ND ST				ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33334				ST - ZIP				i	
TITLE				ITLE				Change	Addition	
NAME			32 N	AME						
STREET ADDRESS			3,3 S	TREET	ADDRESS					
CITY - ST - ZIP		T atrians			ST-ZIP				The same of	
TITLE		☐ DEL€TE	4.1 T		ļ			∐ Change	☐ Addition	
NAME				AME	1000000					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE		II-ZIP			Change	Addition	
NAME			52 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					T-ZIP					
TITLE		☐ DELETE	6,1 T					Change	Addition	
NAME			62 N	AME						
STREET ADDRESS					ADDRESS					

6,4 CITY-ST-ZIP

14. If do 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 oath; that I am an officer or director of the corporation for the exciver or trustee encourage the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 of anotyping or an attachment with address.

FILED

May 16 1997 8:00am

Secretary of State