

**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 # P95000046942 (5)

1. Corporation Name  
**UNITED ALTERNATIVES, INC.**



Principal Place of Business: **1000 NE LITTLE RIVER DRIVE MIAMI FL 33138**  
Mailing Address: **1000 NE LITTLE RIVER DRIVE MIAMI FL 33138**

3. Date Incorporated or Qualified: **06/15/1995** 3a. Date of Last Report

2. Principal Place of Business: **882 NE 79th St**  
21. Suite, Apt #, etc.  
22. City, State: **MIAMI FLA.**  
23. Zip: **33138** Country: **USA**  
24. Mailing Address: **1000 NE Little River Dr**  
26. Suite, Apt #, etc.  
27. City & State: **MIAMI FLA.**  
28. Zip: **33138** Country: **USA**  
29. 30.

4. FEI Number: **65-0607639** 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  
**HAMM, ARTHUR W JR  
1000 NE LITTLE RIVER DRIVE  
MIAMI FL 33138**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering.)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HAMM, ARTHUR W JR</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1000 NE LITTLE RIVER DRIVE</b>        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33138</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SYPOLT, RACHELLE</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1196 NE 88TH STREET</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33138</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARSLAND, SHIRLEY A</b>               | 3.2 NAME  |   |
| STREET ADDRESS             | <b>826 RAYMOND STREET</b>                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33141</b>              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TROP, JULES</b>                       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>24 PALM ISLAND</b>                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b>              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D GRODE, HARVEY</b>                   | 5.2 NAME  |   |
| STREET ADDRESS             | <b>1121 WINDEMERE DRIVE</b>              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WILSON, N.C. 27893</b>                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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: \_\_\_\_\_ Date: **6/6-96** (305) 758-9284

CRE034 (3/96)