SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046942

UNITED ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

SIGNATURE:

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90008 025 ***150.00



882 NE 79TH STREET		1000 NE LITTLE RIVER DRIVE			
MIAMI FL 33138 US		MIAMI FL 33138 US		DO NOT WRITE IN THIS SPACE	
00	`			3. Date Incorporated or Qualified	
				06/15/1995	
2. Principal Place of Business 2a. Maji		2a. Mailing Address	אן	4. FEI Number	Applied For
21		26 88% NE 79 STREET		65-0607639	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 MIAMI + lOTION		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 22126	Country	8. This corporation owes the current year	
24	25	29 30138 30	USA .	Intangible Personal Property.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		
HAMM, ARTHUR W JR			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	NE LITTLE RIVER DRIVE				
MIAM	II FL 33138		83		
			84 City		85 Zip Code
			B4 City	F	
11. Pursuant to the provisions of sections 607.0502 and 607.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or oth, in the State of Florida Statutes, the above-hance corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with and accept the obligations of section 607.0505. Florida Statutes.					
1/14/14/14/14/14/14/14/14/14/14/14/14/14					
SIGNATURE Signature, byced or printed name of registered agent age twelf applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE		Change Addition
NAME	HAMM, ARTHUR W JR		1.2 NAME		
STREET ADDRESS	1000 NE LITTLE RIVER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP		
TITLE	D	DELETÉ	2.1 TITLE		Change Addition
NAMÉ	SYPOLT, RACHELLE	_	2.2 NAME		
STREET ADDRESS	1196 NE 88TH STREET	<i>~</i>	2.3 STREET ADDRESS	-	• •
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	- MII.	Change Addition
NAME	MARSLAND, SHIRLEY A	4 3111.1	3.2 NAME		_ • •
STREET ADDRESS	826 RAYMOND STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	TROP, JULES	L DELEVE	4.2 NAME		
STREET ADDRESS	24 PALM ISLAND		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	GRODE, HARVEY	hand DELETE	5.2 NAME		,
STREET ADDRESS	1121 WINDERMERE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILSON NC		5.4 CITY-ST-ZIP		}
TITLE	THEOUT NO	DELETE	B.1 TITLE		Change Addition
NAME			6.2 NAME		/
i i	}		6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP	ection 119.07(3)(i). Florida Statutes, I further cer	tify that the information
14. I 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					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address					

195000046772 1588791 -9008-25

THE ALTERNATIVE

RECOVERY PROGRAM

882 N.E. 79th Street Miami, FL 33138 (305) 758-9284 (305) 758-9286 fax

7/8/99

Your affire this Am advised me to Show the charge in mailing address 2a and advise that this is the first Receipt of Corporation— andy because the trew occupant brought the form by my affice.

Thank your, west year if will corne straight to the office using the above as the mailing address.

Thurs

(a)MMHand