

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056180 (9)**

1. Corporation Name

ALTERNATIVE CARE WORKS, INC.



Principal Place of Business

**401 EXECUTIVE CENTER DR.
#J103
WEST PALM BEACH FL 33401**

Mailing Address

**401 EXECUTIVE CENTER DR.
#J103
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**COKER, ROBERT S
401 EXECUTIVE CENTER DR.
#J103
WEST PALM BEACH FL 33401**

3. Date Incorporated/For Quoted
07/19/1995

3a. Date of Last Report
N/A

4. FEI Number
**0598719
65-0000000**

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. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of person appointed to be registered agent, if applicable, and the taxpayer.

Signature of Registered Agent, if not the same as the taxpayer.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
COKER, ROBERT S
401 EXECUTIVE CENTER DR., #J103
WEST PALM BEACH FL 33401**

☐ DELETE

**D
ABBEY, JUDITH P
3404 GARDENS EAST DR., #21A
PALM BEACH GARDENS FL 33410**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2. 1. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3. 1. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4. 1. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5. 1. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6. 1. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed thereon as an attachment with an address.

SIGNATURE:

Robert S. Coker

ROBERT S. COKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96

407 471 5821

CR2E034 (12/95)