

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

PROFIT-
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 AM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000076236 (5)

1. Corporation Name

C.D. ALTERNATIVES, INC.

Principal Place of Business

1850 LEE ROAD, SUITE 210
WINTER PARK FL 32789

Mailing Address

1850 LEE ROAD, SUITE 210
WINTER PARK FL 32789

3. Date incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMONDA, C. KEITH
1850 LEE ROAD, SUITE 210
WINTER PARK FL 32789

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 607.1508, 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

Signature, typed or printed name of registered agent and the corporation

(If 21b. Registered Agent Signature required when filing change)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

LAMONDA, C. KEITH

STREET ADDRESS

1850 LEE ROAD, SUITE 210

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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1. TITLE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407-654200

CR2E034 (12/95)