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

DOCUMENT #
1. Corporation Name

P95000076236 (5)

C.D. ALTERNATIVES, INC.

Maling Address

Principal Place of Business

APPROVED

96 MAY - 1 MM 4: 09

ORGANIZARY OF STATE
TO ME A TOTAL FLORIDA



WINTER PARK FL 32789		WINTER PARK FL 32789					
						3. Date incorporated or Qualified 3a. Date of Last Report 10/05/1995	
2. Principal Pla	ice of Business	2a. Maining Addres	2a. Mailing Address			4. FLI Number Applied Fo	r
21		26				59-3346527 Not Applica	able
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.			5. Certificate of Status Desired 38.75 Additiona	ال
City & State		27	City & State			Fee Hequireo	
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
Zıp	Country	Z _i p	Cou	ntrv		Rund Contribution Added to Fees This corporation has liability for intangible tax under s 199,032,	
24	25	29	30			Florida Statutes Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	ida, C. Keith		ľ	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	EE ROAD, SUITE 210					and the state of t	
WINTER	R PARK FL 32789			83			
			ŀ	84	City	■ 85 Zip Code	-
44.5						FL T T	
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Floi n, and accept the obligations of, Sec	nda. Sach charge was au	unonzed by the c	ve r :orpi	naimed corp oration's br	poration submits this statement for the purpose of changing its registered coard of directors. Thereby accept the appointment as registered agent. Far	office n
SIGNATURE	Signature, typed or printed harm, of regularizating	character mapping and	the Mt. Bergeboard	A,	1 synkatore rece	mal with rate lating. (Alic	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELET	1 11	TI E		☐ Change ☐ Additi	.00
NAME	LAMONDA, C.KEITH		1.2 NA	ME	Ì		
STREET ADDRESS	1850 LEE ROAD, SUITE 2	10	1351	REET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		1 4 011	IY-S	T - ZIP	70000181635	T.
TITLE		DELE U	£ 2111	ILF		-05/10/96 Q1 029Q0 9	on
NAME			2 2 NA			****200.00 ****200.00)
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE			2.4 CH		T - ZIP		
NAME		DECETI	,.			Change	חמ
STREET ADDRESS			3.2 NA		1010000		
CITY-SI-ZIP					ADDRESS		
TITLE		DELETI	34 CIT 4 1 TH		1-Z/P	☐ Change ☐ Additi	
NAME			4 2 NA			Change Adolfit	211
STREET ADDRESS					ADDRESS		
CITY -ST - ZIP			4.4 Cit				
TIFLE		☐ DELETE		<u></u>	-	Change Addition	on
NJME			5.2 NAI	ME			
STREET ADDRESS			5.3 STE	REE1.	ADDRESS		
CITY - ST - ZIP			5.4 CIT	7 - SI	1 - 2 1P		
THTLE		☐ DELETE				☐ Change ☐ Addition	nc
NAME			6 2 N4I	ME		(1)00	
STREET ADDRESS			63 STF	₹£{1.	ADDRESS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City-S1-ZIP			6.4.CiJ	Y - ST	1 - Z1P	•	

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 supplieniental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 it charged, or on ay attachagent with an address.

SIGNATURE: