FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043258

SUITABLE ALTERNATIVE, INC.

| | | | | | | ODE KOLEDONED I | // | |
|---|--|---|------------------------------|----------------------------|--|----------------------------|-----------------------|--------------|
| Principal Place of Business Mailing Address | | | | | | | | |
| 14813 SEMINOLE TRAIL 14813 SEMINOLE TRAIL | | | | | | | | |
| SEMINOLE FL 33776 | | SEMINOLE FL 33776 | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 3. Date incorporated or Qualifect | | | |
| | | | | | 05/13/1996 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Apr | plied For |
| 21 | | 26 PO BOX 75 | 59 | | 59-3387587 | | Not | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | E. Contiference of Status Degised | | \$8.75 A | |
| 22 | | 27 | | | 5. Certifcate of Status Desired | | Fee Re | quired |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | ' D | \$5.00 | Мау Ве |
| 23 | _ | 28 SEMINULE | FL | | Trust Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the cu- | rent year Int | | |
| 24 | 25 | 29 33775-7559 3 | MNEL | LAS_ | Personal Property Tax. | | | KTN0 |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New | Registered | Agent | |
| | D CARALL I | | 81 N | ame Z | Illan & Juhl | | | |
| HOPP, SARAH J | | | | treet Addr | ess (P.O. Box Number is Not Accep | table) | | |
| 14813 SEMINOLE TRAIL | | | | 14 | 18B SEMINOLE TR | MIL | | |
| SEMI | NOLE FL 33776 | | 83 | | | | | • |
| | | | 84 C | ity 🗲 | | | 85 _Zip C | Code |
| | | | | , DE | MINDLE | FL | . 337 | 776 |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes | the above-na | med corp | oration submits this statement for the | a purpose of | changing its | registered |
| office or re agent, 1 ar | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was autrations of, Section 607.0505, Florid | nonzed by the a Statutes. | corporatio | on's board of directors. Thereby acce | ibi riie abboii | Idinois do log | gisterou |
| - | 111. 8 500 | President | | tor | | 4-28-9 | 19 | |
| SIGNATURE | Signature, typed or printed name of existered age | | | | d when reinstating) | DATE | , | |
| 12. | OFFICERS At | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO O | FFICERS AN | | |
| TITLE | D | DELETE | 1.1 TITLE | | /0 | | Change | Addition |
| NAME | HOPP, SARAH J | | 1.2 NAME | All | IAN JUHL TOWN | | | |
| STREET ADDRESS | 14813 SEMINOLE TR | | 1.3 STREET ADD | RESS 14 | 813 Seminole Trace | | | |
| CITY-ST-ZIP | SEMINOLE FL | | 1.4 CITY-ST-ZIF | · Se | MINOLE FL 33776 | <u> </u> | | |
| TITLE | | ☐ DELETE | 2,1 TITLE | | | | ☐ Change | Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADD | ORESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-Z | Р | | | | , |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME |] | | | | |
| STREET ADDRESS | | | 3.3 STREET ADD | DRESS | | | | |
| CITY-ST-ZIP | — | | 3.4. CITY-ST-Zi | Р | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | -: | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADS | ORESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- ST- ZIF | , | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME. | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADD | DRESS | | | | |

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

4-28-99

727)596-8874

☐ Change

Addition

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FILED

May 10, 1999 8:00 am Secretary of State

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