

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

112

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -5 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099033

1. Corporation Name

ALTERNATIVE APPLIANCE INC.

Principal Place of Business

Mailing Address

459 E Springtree way
Ck Mary FL 32746

3. Date Incorporated or Qualified

12-05-96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. EFL Number

59-341-3669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLING, JAMIE K
459 E Springtree way
Ck Mary, FL, 32746

81 Name

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

300002286243--4

83

-09/05/97--01112--001

84 City

***165.00 ***165.00

FL

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JAMIE STERLING
459 E Springtree way
Ck Mary FL, 32746

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MD

14. I do 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 its 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.

SIGNATURE:

JAMIE STERLING

8-31-97

(407)
834-1011

CR2E034 (9/96)

2/2

ALTURNATIVE APPLIANCE INC.
459 EAST SPRINGTREE WAY
LAKE MARY, FL 32746

AUGUST 22, 1997

TO WHOM IT MAY CONCERN :

PLEASE ACCEPT THIS CHECK FOR THE AMOUNT OF \$165.00 FOR MY
FILING FEE FOR MY CORPORATION. I DID NOT RECEIVE OUR FIRST
NOTICE AND WAS NOT AWARE THAT THIS DOCUMENT WAS LATE.

WE ARE A NEW CORPORATION AND HAVE ALWAYS BEEN UP TO DATE
WITH OUR OBLIGATIONS AND ASSURE YOU THIS WILL NOT HAPPEN
AGAIN.

RESPECTFULLY
JAMIE STERLING (PRESIDENT)
ALTURNATIVE APPLIANCE INC.

Jamie Sterling