

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 21 1998 8:00am  
Secretary of State

DOCUMENT # P96000099033 (8)

1. Corporation Name  
ALTURNATIVE APPLIANCE INC.



Principal Place of Business

459 E SPRING TREE WAY  
LAKE MARY FL 32746

Mailing Address

459 E SPRING TREE WAY  
LAKE MARY FL 32746-6069

3. Date Incorporated or Qualified

12/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 400 E State Road 434

22 Longwood FL

23 32750

24 32750

Country  
Seminole

2a. Mailing Address

26 400 E State Road 434

27 Longwood FL

28 32750

Country  
Seminole

4. FEI 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

STERLING, JAMIE K  
459 E SPRING TREE WAY  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

Jamie Sterling

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

400 E. State Road 434

83

Longwood FL

84 City

FL

85 Zip Code

32750

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 FEI Number, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STERLING, JAMIE K  
459 E SPRING TREE WAY  
LAKE MARY FL 32746

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sterling, Jamie K  
400 E State Rd 434  
Longwood FL 32750

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

600002534166

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\*\*\*165.00

25  
5.21

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 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.

CR2E034 (9/96)