

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000102019** ✓
Corporation Name

FLORIDA LITIGATION ALTERNATIVES, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90001 030 ***550.00



Principal Place of Business
**34 NO BLVD
TAMPA FL 33603**

Mailing Address
**3134 NO BLVD
TAMPA FL 33603**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
34 NO BLVD TAMPA FL 33603		3134 NO BLVD TAMPA FL 33603		12/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-3421585	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30	

9. Name and Address of Current Registered Agent

**TISCHHAUSER, MARK T
3134 N BLVD
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	A <input type="checkbox"/> DELETE TISCHHAUSER, MARK 3134 NORTH BLVD TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		1.2 NAME	
3		1.3 STREET ADDRESS	
4		1.4 CITY-ST-ZIP	
5		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		2.2 NAME	
7		2.3 STREET ADDRESS	
8		2.4 CITY-ST-ZIP	
9		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		3.2 NAME	
11		3.3 STREET ADDRESS	
12		3.4 CITY-ST-ZIP	
13		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		4.2 NAME	
15		4.3 STREET ADDRESS	
16		4.4 CITY-ST-ZIP	
17		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		5.2 NAME	
19		5.3 STREET ADDRESS	
20		5.4 CITY-ST-ZIP	
21		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		6.2 NAME	
23		6.3 STREET ADDRESS	
24		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

MARK TISCHHAUSER

9/15/99

813-213-6442

CR2E034 (5/99)