

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000083782 (7)**

1. Corporation Name  
**ATTORNEY ALTERNATIVES, INC.**

Principal Place of Business <del>802 W BOYNTON BECH BLVD STE 6</del> <b>BOYNTON BEACH FL 33435</b>	Mailing Address <del>392 W BOYNTON BECH BLVD STE 6</del> <b>BOYNTON BEACH FL 33435</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>444 W. BOYNTON BEACH BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>444 W. BOYNTON BEACH BLVD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/26/1997</b>	4. FEI Number <b>65-0786385</b>	Applied For Not Applicable
22 City & State <b>Same</b>		27 City & State <b>Same</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
23 Zip <b>33435</b>		28 Zip <b>33435</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>BROWN, LINDA E</b> <b>332 W BOYNTON BECH BLVD STE 6</b> <b>BOYNTON BEACH FL 33435</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Section 607.007 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]*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/27/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, LINDA E</b>			1.2 NAME			
STREET ADDRESS	<del>802 W BOYNTON BECH BLVD STE 6</del>			1.3 STREET ADDRESS	<b>444 W. BOYNTON BEACH BLVD.</b>		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DORF, RICHARD N</b>			2.2 NAME			
STREET ADDRESS	<del>332 W BOYNTON BECH BLVD STE 6</del>			2.3 STREET ADDRESS	<b>444 W. BOYNTON BEACH BLVD.</b>		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

CR2E034 (10/97)