

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083782 (7)
 1. Corporation Name
ATTORNEY ALTERNATIVES, INC.



Principal Place of Business 802 W BOYNTON BECH BLVD STE 6 BOYNTON BEACH FL 33435	Mailing Address 332 W BOYNTON BECH BLVD STE 6 BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 444 W. BOYNTON BEACH BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 444 W. BOYNTON BEACH BLVD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/26/1997	
22 City & State Same		27 City & State Same		4. FEI Number 65-0786385	
23 Zip 24		28 Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROWN, LINDA E 332 W BOYNTON BECH BLVD STE 6 BOYNTON BEACH FL 33435				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	

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]* **4/27/98**
 Signature: Typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BROWN, LINDA E	1.2 NAME	
STREET ADDRESS	802 W BOYNTON BECH BLVD STE 6	1.3 STREET ADDRESS	444 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORF, RICHARD N	2.2 NAME	
STREET ADDRESS	332 W BOYNTON BECH BLVD STE 6	2.3 STREET ADDRESS	444 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL 33435	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.

[Signature] **11/27/98 (ex) 73 64192**

CR2E034 (10/97)