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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000108882 (6)

ALTERNETIX, INC.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2901 EMPRESS COURT 2901 EMPRESS COURT VALRICO FL 33594 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/29/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year intangible 24 Yes Yes 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name COLE, KIMBERLEY W CPA 7628 N 56TH ST., STE. 15 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617** 83 84 City 85 Zip Code 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 agont, 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 agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TITLE TITLE WILSON, GREGORY A NAME 1.2 NAME 2901 EMPRESS COURT 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE WILSON, LYNESE J 2.2 NAME NAME 8730 N. HIMES AVE., APT. 1016 2.3 STREET ADORESS STREET ADDRESS **TAMPA FL 33614** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE YATES, JEFFERY A NAME 3.2 NAME 1731 JOSHUA CT. 3.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE ■ Addition 4.1 TITLE Change TITLE SCHMITT, DAVID A 4. 2 NAME NAME 2705 HEATHERWOOD DR. 4.3 STREET ADORESS STREET ADDRESS **TAMPA FL 33618** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE GASPARY, MAILE E NAME 5.2 NAME 3202 COLWELL AVE., APT. 2716 STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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

SIGNATURE:

Steyory A. Wilson

813-340-0045

CR2E634