


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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90102 034 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000108882**

1. Corporation Name  
**ALTERNETIX, INC.**

Principal Place of Business  
**2901 EMPRESS COURT  
VALRICO FL 33594**

Mailing Address  
**2901 EMPRESS COURT  
VALRICO FL 33594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>220 E. Madison St.</b>	26	<b>220 E. Madison St.</b>	<b>12/29/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>59-3487003</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		City & State		<b>\$8.75 Additional Fee Required</b>	
<b>Tampa, FL</b>		<b>Tampa, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip Country		Zip Country		<b>\$5.00 May Be Added to Fees</b>	
<b>33602 USA</b>		<b>33602 USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COLE, KIMBERLEY W CPA 7628 N 56TH ST., STE. 15 TAMPA FL 33617</b>		81 Name <b>Lynese J. Wilson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11605 3rd St. E. #308</b> 83 84 City <b>Treasure Island</b> FL 85 Zip Code <b>33706</b>	

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 *Lynese J. Wilson* **Lynese J. Wilson** **2/18/99**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, GREGORY A</b>	1.2 NAME	
STREET ADDRESS	<b>2901 EMPRESS COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LYNESE J</b>	2.2 NAME	
STREET ADDRESS	<b>8730 N. HIMES AVE., APT. 1016</b>	2.3 STREET ADDRESS	<b>11605 3rd St. E. #308</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	2.4 CITY-ST-ZIP	<b>Treasure Island, FL 33706</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YATES, JEFFERY A</b>	3.2 NAME	
STREET ADDRESS	<b>1731 JOSHUA CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GASPARY, MAILE E</b>	4.2 NAME	
STREET ADDRESS	<b>3202 COLWELL AVE., APT. 2716</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	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, with all other like empowered.

SIGNATURE: *Lynese J. Wilson* **Lynese J. Wilson** **2/18/99** **(813) 220-1041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #