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PROFIT CORPORATION ANNUAL REPORT **"1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90046 013 ***150.00

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Alternative Funding Corporation							- 30046 - 13			
	· DO0	MOMMIT:	211				<u>_</u>		~	
Principal Place	on of Business	Mailing Add	ress							
]		P.O. Bo								
Suite Al	in Parkway	r.U. DC	X 932				50.1107.11	DIZE IN TUIO	00405	
Shalimar, FL 32579 Shalimar, FL 32579							DO NOT WRITE IN THIS SPACE			
SHATTMAL	9;FL 32379	Dialina	r, rL	32317		3	. Date Incorporated or Qualife	su .		
2. Principal P	Place of Business	2a. Mailing A	Address			4	. FEI Number		A	pplied For
21		26				5	9-3495749		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5	. Certifcate of Status Desired			Additional
22	L-	27	hata .							Required
City & Stat	te	City & Si	lale			6	 Election Campaign Financin Trust Fund Contribution 	g 🗆	•	May Be to Fees
Zip	Country	Zip		Count	у	8	. This corporation owes the c	urrent year Int	angible	
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	ırrent Registered Ag	ent			10	. Name and Address of Nev	v Registered	Agent	
				8	1 Name	Timot	hy C. Aden			
				8	2 Street A	Address (P.O. Box Number is Not Acce	ptable)		
				8		12/0	N, Eglin Parkway	7		
				Ľ		Suite	A11		, ,	
					4 City	Shali	mar	FL	. 32	Code 2579
11. Pursuant	to the provisions of Sections 607, registered agent, or both, in the St am familiar with, and according of	.0502 and 907.1508, I	Florida Statu	utes, the abo	ve-named o	corporatio	on submits this statement for the	ne purpose of	changing it	s registered
Office of t	registered agent, or both, in the St	his time of Costing 6	nange was	authorized b	y life corpo	Madon 3 b	oald of directors. I heroby de-	opt me appea		9.01
ayeni. i a	and talling with, and acceptance	pugations of, Section of	007.U5U5, FI	iorida Statute	s.				_	
SIGNATURE		Tim	othu (r. Ad	20		5	-11-99	7	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	othu (TE: Registered Ag	20		reinstating)	0 11 - 7 - 7 DATE	<u> </u>	
	Signature, typed or printed name of registered	d agent and title if applicable. S AND DIRECTORS	othu (r. Ad	ent signature re	equired when	reinstating) ADDITIONS/CHANGES TO	0 11 - 7 - 7 DATE	<u> </u>	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. S AND DIRECTORS	othy (TE: Registered Ag	ent signature re	equired when	reinstating) ADDITIONS/CHANGES TO (dent	0 11 - 7 - 7 DATE	D DIRECT	ORS IN 12
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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:

CR2E034 (11/98)

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