

SUBJECT:	ALTERNATIVE	BUSINESS	SOLUTIONS, INC.		
	(Proposed corporate name - must include suffix				

700002749327-+2 -01/21/99--01042--011

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PV RECITEED

FROM:	WILLIAM A. SNYDER Name (Printed or typed)		
	PO BOX 272346		
	Address		
	TAMPA FL 33688-2346	TALE 3	
	City, State & Zip	CRETARY LAHASSEI	
	813-961-5336		- 5
	Daytime Telephone number	OF S	
		STATE LORID,	

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned i	incorporator, for	the purpose	of forming a co	orporation i	under the Flor	ida
Business Corpora	tion Act, hereby	adopts the fo	ollowing Article	es of Incorp	oration.	

ARTICLE I NAME

The name of the corporation shall be: ALTERNATIVE BUSINESS

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

5339 GUNN HIEHWAY

MAILING: PO BOX 272346

TAMPA, FL 33624

33688-2346

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: WILLIAM A. SNYDER 903 BALSAMINA PR

BRANDON, FL 33510

ARTICLE V **INCORPORATOR**

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: WILLIAM A. SNYDER

903 BALSAMINA-DR

33510 BRANDON

Ul a. An Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

W. a. Anyder Signature/Registered Agent

Date