FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 ... 25
TALLAHASSEE, FLORIDA

DOCUMENT # **V01139** (7)

1. Corporation Name
C.D. ALTERNATIVES OF AMERICA CORPORATION

Principal Place of Business	Mailing Address
2875 SO OCEAN BLVD SUITE 2109 PALM BCH FL 33480 US	2875 SO OCEAN BLVD SUITE 2109 PALM BCH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0304951 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 ___ 2a. Mailing Address 26 ___
Suite, Apt. #, etc. 22 ___ Suite, Apt. #, etc. 27 ___
City & State 23 ___ City & State 28 ___
Zip 24 ___ Country 25 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HCRM CORP. 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	SHEEHAN, PATRICK J.	12 NAME	SHEEHAN, PATRICK J.
STREET ADDRESS	428 MARBLE CANYON CT	13 STREET ADDRESS	2875 SOUTH OCEAN BLVD. #2109
CITY-ST-ZIP	WELLINGTON FL	14 CITY-ST-ZIP	Palm BEACH FL 33480
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	VILLA, EUGENE	22 NAME	Villa, Eugene
STREET ADDRESS	2875 SOUTH OCEAN BLVD.	23 STREET ADDRESS	No longer with C.D. Alternatives
CITY-ST-ZIP	PALM BCH. FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	V ☐ Change ☒ Addition
NAME		32 NAME	Sheehan, Janet A
STREET ADDRESS		33 STREET ADDRESS	3901 S. Flagler Drive #802
CITY-ST-ZIP		34 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Janet Sheehan — 4-25-95 — 407-547-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0276500 CP