P CORF ANNU	n or before 8/1/96: \$225 (IF DISSI ROFIT PORATION AL REPORT	FLORIDA DEPAI Sanora Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUN 1. Corporation RECOVE	MENT # V6367! ERY ALTERNATIVES FOR F	` '			bi siai Babli Bibli Bibli Bibli Bibli Bibli Bibli Laga
Principal Place	of Business .	Mailing Address			
10707 66TH STREET NORTH SUITE G PINELLAS PARK FL 34666		10707 66TH STREET NORTH SUITE G PINELLAS PARK FL 34666		3. Date Incorporated or Qualific	ed <b>3a.</b> Date of Last Report <b>05/01/1995</b>
2. Principal Pla 21 Suite, Apt. 4	ace of Business	2a. Mailing Address 26 Suite, Apt #, etc.		4. FEI Number 59-3142235	Applied For Not Applicable  \$8,75 Additional
City & State		27 City & State 28	<b>.</b>	Certificate of Status Desired     Election Campaign Financin     Trust Fund Contribution	Fee Required  \$5.00 May Be Added to Fees
Zip 24	Country 25	7 ip	Country 30	This corporation has liability Florida Statutes     Name and Address of New	for intarigible tax under s 199 032,  Yes No Registered Agent
	9. Name and Address of Currer	nt Hegistered Agent	81 Na		
137	CHAELS, THOMAS O. 10 PINEHURST ROAD NEDIN FL 34698		82 Sira	eet Address (P.O. Box Number is Not Accep	ntable)
			<b>84</b> Cit	•	FL 85 Zip Code
	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607, 1508, Florida State e of Florida Such change was patiens of Section 607,0505, F	utes, the above-nant authorized by the colorida Statutes.	ned corporation submits this statement for the corporation's board of directors. It heroby acceptants	ie purpose of changing its registered cept the appointment as registered
SIGNATURE	Signature: typed or printed harve of registered as	ert and the tappicable (fo	<u> </u>	rature required when reinstating)	(late
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12  Change Addition
TITLE	DP	DELETE	1 1 TIFLE		change /idea.
NAME	HUGHES, JAMES C.		1.2 NAME	700	
STREET ADDRESS	13311 BOCA CIEGA AVE.		1 3 STREET ADDR		
CITY - ST - ZIP	MADEIRA BEACH FL	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Additi
TITLE	DST Hughes, R. Kelsey	LJ PAREIE	2 2 NAME		<u> </u>
NAME	13311 BOCA CIEGA AVE.		2.3 STHEET ADDR	iFSS	
STREET ADDRESS	I ISSTITUUUN UICUN NYE.		2 3 3 INLUI ADDI		

- I IOONI ORANG ORANG PIRA	BIRM (2001 DIII 2101 DIVI)	01 <b>3</b> 11

Applied For Not Applicable \$8.75 Additional

agent Tam familiar with, and accept the obligations of Section 607,0505, Florida Statutes.									
SIGNATURE .	Standards, typed or printed name of registering age (Land the	applicatre (NOTE	Registered Agent's gnature require	od whoch tends as odd	TATE				
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12				
TITLE	DP	DELETE	1 1 11FLE		Change Addition				
NAME	HUGHES, JAMES C.		1.2 NAME		13				
STREET ADDRESS	13311 BOCA CIEGA AVE.		1 3 STREET ADDRESS		S AND DIRECTORS IN 12  Change Addition				
CITY - ST - ZIP	MADEIRA BEACH FL		1 4 CITY - ST - ZIP						
TITLE	DST	DELETE	2 1 TITLE		Change Addition				
NAME	HUGHES, R. KELSEY		2 2 NAME						
STREET ADDRESS	13311 BOCA CIEGA AVE.		2.3 STHEET ADDRESS						
CITY-ST-ZIP	MADEIRA BEACH FL		2 4 CITY - ST - ZIP						
TITLE		DELETE	3.1 TIFLE		Change Addition				
NAME			32 NAMF						
STREET ADDRESS			3 3 STREET ADDRESS		[				
CITY-ST-ZIP			34 CITY-SI-ZIP						
TITLE		DELETE	4 1 TITLE		Change Addition				
NAME			4 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CoTY-ST-ZIP			4 4 CITY - ST - ZIP						
TITLE		DELETE	5 1 TITLE		Change Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY - ST - ZIP			5.4 City - ST-ZIP		The state of the s				
TITLE		DELETE	6 1 TUTLE		Change Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY - ST - ZIP			6.4 City - ST - 7iP	410	OZZZVIJ Eksida Crabitos I				
14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrival 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an agrachment with an address.									
SIGNATURE: Du C. Ly Lu Pros JAMES C. Hughes 7/30/96 813-545-9791									