

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

FILED

May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000057486 (1)**  
1. Corporation Name  
**ALLIANCE CAPITAL FACTORING GROUP, INC.**



Principal Place of Business <b>2300 GLADES RD. #200 WEST BOCA RATON FL 33431-7386 US</b>	Mailing Address <b>2300 GLADES RD. #200 WEST BOCA RATON FL 33431-7386 US</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>08/09/1993</b>	
<b>4.</b> FEI Number <b>65-0447527</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CONLON, JO ANNE M  
2300 GLADES RD.  
200 WEST  
BOCA RATON FL**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, MELTON	
STREET ADDRESS	22075 LAS BRISAS CIR., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONLON, JO ANNE M	
STREET ADDRESS	7529 SAN MATEO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, MELTON	
STREET ADDRESS	22075 LAS BRISAS CIR., #310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CONLON, RICHARD O	
STREET ADDRESS	7529 SAN MATEO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CONLON, JO ANNE	
STREET ADDRESS	7529 SAN MATEO DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>753 SIESTA KEY CIRCLE</b>
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TREASURER</b>
3.3 STREET ADDRESS	<b>MELTON ELLIOTT,</b>
3.4 CITY-ST-ZIP	<b>753 SIESTA KEY CIRCLE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DEERFIELD BEACH, FL 33441</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

**SIGNATURE:** *Melton Elliott* **MELTON ELLIOTT** 4/29/98 561 3679008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0327154

CR2E034 (10/97)