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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000100444 (4)
1. Corporation Name
ALLIANCE COMMUNICATIONS, INC.

Principal Place of Business: 5005 CAMPTON COURT TAMPA FL 33647
Mailing Address: 5005 CAMPTON COURT TAMPA FL 33647-2054

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

9. Name and Address of Current Registered Agent
LUONGO, JANICE A
5005 CAMPTON COURT
TAMPA FL 33647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1. TITLE
NAME	LUONGO, JANICE A	1. NAME
STREET ADDRESS	5005 CAMPTON COURT	1.2. STREET ADDRESS
CITY - ST - ZIP	TAMPA FL 33647	1.3. CITY - ST - ZIP
TITLE		1.4. TITLE
NAME		2. NAME
STREET ADDRESS		2.2. STREET ADDRESS
CITY - ST - ZIP		2.3. CITY - ST - ZIP
TITLE		3. TITLE
NAME		3.2. NAME
STREET ADDRESS		3.2. STREET ADDRESS
CITY - ST - ZIP		3.3. CITY - ST - ZIP
TITLE		4. TITLE
NAME		4.2. NAME
STREET ADDRESS		4.2. STREET ADDRESS
CITY - ST - ZIP		4.3. CITY - ST - ZIP
TITLE		5. TITLE
NAME		5.2. NAME
STREET ADDRESS		5.2. STREET ADDRESS
CITY - ST - ZIP		5.3. CITY - ST - ZIP
TITLE		6. TITLE
NAME		6.2. NAME
STREET ADDRESS		6.2. STREET ADDRESS
CITY - ST - ZIP		6.3. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for an 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: *Janice A. Luongo*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

STATE OF FLORIDA
DIVISION OF CORPORATIONS

3. Date Incorporated or Qualified: 12/12/1996
3a. Date of Last Report: _____

4. FEI Number: 59-3417731
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

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ FL 85. Zip Code: _____

DATE: 3-11-97
Daytime Phone # 813-918-1992

CR2E034 (9/96)