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May 05 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042940**

1. Corporation Name
ALLIANCE BANK

Principal Place of Business	Mailing Address
455 S ORANGE AVENUE ORLANDO FL	PO BOX 1546 ORLANDO FL 32802 US

05/05/99 90240 002 158.75
DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/14/1997
4. FEI Number: 59-3404322 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: William C. Beiler
82 Street Address (P.O. Box Number is Not Acceptable): 8738 Pisa Drive #633
83
84 City: Orlando FL 85 Zip Code: 32810

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: William C. Beiler 4-29-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEILER, WILLIAM C		1.2 NAME		
STREET ADDRESS	8738 PISA DRIVE NO. 633		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, JACK M JR		2.2 NAME		
STREET ADDRESS	1945 8TH TERR SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ETHERIDGE, FRANK R		3.2 NAME		
STREET ADDRESS	803 LAKE ADAIR BLVD N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP		
TITLE	CB	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LASKEY, MITCHEL J		4.2 NAME		
STREET ADDRESS	2322 ALAQUA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RABEL, EDUARDO		5.2 NAME		
STREET ADDRESS	4385 CHULUOTA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32820		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIBLEY, BENJAMIN P		6.2 NAME		
STREET ADDRESS	2060 THUNDERBIRD TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		6.4 CITY-ST-ZIP		LS

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-29-99 (407) 244-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/11