

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

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V65828 (8)  
1. Corporation Name  
ALLIANCE REALTY MANAGEMENT, INC.

Principal Place of Business  
9900 STIRLING RD.  
SUITE 200  
COOPER CITY FL 33024

Mailing Address  
9900 STIRLING RD.  
SUITE 200  
COOPER CITY FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9900 STIRLING ROAD BCPD	26 9900 STIRLING ROAD
22 SUITE 1	27 SUITE 100
23 COOPER CITY, FL	28 COOPER CITY, FL
24 33062	29 33024
25 BROWARD	30 BROWARD

3. Date Incorporated or Qualified	4. FEI Number	Applied For
09/21/1992	06-0287980	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 owes or has paid the current year intangible Personal Property Tax due June 30.	Yes No	

9. Name and Address of Current Registered Agent

DRAIZIN, LAWRENCE  
9900 STIRLING RD.  
SUITE 200  
COOPER CITY FL 33024

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	SUITE 100		FL	

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

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	DPS	1.1 TITLE	
NAME	DRAIZIN, LAWRENCE	1.2 NAME	
STREET ADDRESS	9900 STIRLING RD. #200	1.3 STREET ADDRESS	SUITE 100
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lawrence Draizin 4-17-98 (117) 117-1170

CR2E034 (10/97)