

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

WEB FILING
 MAY 1, 1995
 1995



COMMERCE DEPARTMENT OF STATE
 SECRETARY
 TALLAHASSEE, FLORIDA

**APPROVED
 AND
 FILED**

50 MAY 19 11:10:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V65828** (8)
ALLIANCE REALTY MANAGEMENT, INC.

2. Filing Office		2a. Address Address		3. Filing Date	3a. Date of Last Report
21		26		09/21/1992	02/08/1994
22		27		4. File Number	Approved For
23		28		06-0287980	Not Applicable
24		25		5. Certificate of Status (Required)	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
25		29		8. This corporation has liability for minimum tax under S. 1374(b)(2) (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DRAIZIN, LAWRENCE 9900 STIRLING RD. SUITE 200 COOPER CITY FL 33024				81	Name
				82	Street Address (P.O. Box Number, if applicable)
				83	
				84	City
				FL	85 Zip Code

11. This report is filed pursuant to Sections 215 and 216, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office and registered agent 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 hereby resigning as the registered agent of the above-named corporation.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME	DPS	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DRAIZIN, LAWRENCE		
	9900 STIRLING RD., #200		
	COOPER CITY FL		
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			

14. I hereby certify that this statement complies with the filing requirements herein and does not equally for the provisions stated in Section 215 of the Florida Statutes. I further certify that the information indicated on the current report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am hereby resigning as a director of the corporation of the issuer of the above-named corporation for reasons stated in the report as required by the Florida Statutes, and that my resignation is effective as of the date of filing of this statement, or on an alternate date with an addendum.

SIGNATURE: *Lawrence Draizin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 304 432 2200