

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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**

3. Date Incorporated or Qualified: **09/21/1992**  
3a. Date of Last Report: **05/10/1995**  
4. FEI Number: **06-0287980**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for additional entries.

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: **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 of the person making the filing (if applicable)

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>DPS DRAIZIN, LAWRENCE</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>9900 STIRLING RD., #200</b>		1.2 NAME	
12.3 CITY-ST-ZIP: <b>COOPER CITY FL</b>		1.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
12.5 NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		2.2 NAME	
12.7 CITY-ST-ZIP		2.3 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY-ST-ZIP		3.3 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY-ST-ZIP		4.3 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY-ST-ZIP		5.3 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY-ST-ZIP		6.3 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
12.25 NAME			
12.26 STREET ADDRESS			
12.27 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lawrence Draizin*  
**Lawrence Draizin**

DATE

DATE TIME PHONE

**1-18-96 305-432-2200**

CR2E034 (12/95)