FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

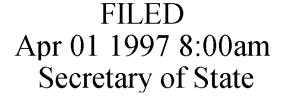


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #



SIONARY ALLIANCE, INC.								
Principal Place of Business Mailing Address CORNER OF HWY 21 AND ORCHID CORNER OF HWY 21 AND P. O. BOX 1007 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32) Minit nifitt filler nente hil	/// BIĞ II 1 BBI	
			-					
					3. Date incorporated or Qualified 11/12/1975 3a. Date of Last Report 03/18/1996			
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 23-7292421	 	oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	Count	ry	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes \(\square\) No	. 199.032,	
<u> </u>	9. Name and Address of Curre		14-1		10. Name and Address of New Reg	Istered Agent		
		1.11	8	1 Name				
NEWELL, PAUL D. THE NEWELL BUILDING, 12 LAWRENCE BLVD.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
	NE HEIGHTS FL 33646		8					
			8	City		FL 85 Zip (Code	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida Such change was	authorized	by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered	
SIGNATURE	Signature typed or printed name of registered as	sent and title if applicable. (NO	TE: Registered A	voent signature regu	ulfed when reinstating)	DATE		
12.		ND DIRECTORS	13.	Son Colgrand Inda	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLI			Change	Addition	
NAME	HOWARD, PAUL		1.2 NAM	E				
STREET ADDRESS	7689 ROSE LANE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	KEYSTONE HGTS. FL	TONE HGTS. FL 1		-ST-ZIP				
TITLE	SD	DELETE	2.1 TITLE			Change	Addition	
NAME	HICKS, CHARLES		2.2 NAM	£				
STREET ADDRESS	420 PALMETTO ST.		2.3 STRE	EET ADDRESS				
CHTY - ST - ZIP	KEYSTONE HGTS. FL		2 4 C(T)	(-ST-ZIP				
TITLE	VD	☐ DELETE	31 TITLI	<u> </u>	•	Change	Addition	
NAME	Baker, Bob		3.2 NAM	E]				
STREET ADDRESS	RT 1, BOX 327-M		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	HAWTHORNE FL			/-ST-2IP				
TITLE	TD	DELETE	4,1 TITL	,		L_) Change	Addition	
NAME	EASTERLING, KERMIT		4. 2 NAN	(E				
STREET ADDRESS	6991 GATOR BONE RD		4.3 STRE	EET ADORESS				
CITY-ST-ZIP	KEYSTONE HEIGHTS FL			- ST- ZIP			1	
TITLE		DELETE 5.		ſ		Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS			,	EET ADDRESS				
CITY - ST - ZIP		Louiste		'-S1-ZIP		[] Ab-::	4.2.22	
TITLE		☐ DELETE	6.1 TITL			Change	☐ Addition	
NAME			6.2 NAM					
STREET ADDRESS				eet address				
CITY-ST-7IP				-ST-ZIP	ed in Cooling 110 07/3/0 Elevido Cratido			

I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone #0011748