


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767598 (6)**

1. Corporation Name  
**THE FLORIDA ALLIANCE, INC.**



Principal Place of Business 2200 ELLER DR. BLDG. 27 PORT EVERGLADES STATION FT LAUDERDALE FL 33316	Mailing Address BOX 13038 BLDG. 27 PORT EVERGLADES STATION FT. LAUDERDALE FL 33316-0100 US
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3. Date Incorporated or Qualified <b>03/22/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number <b>59-2311864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FITZGERALD, JEAN**  
**2200 ELLEN DRIVE**  
**3RD FLOOR**  
**FT LAUDERDALE FL 33316**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HVIDE, HANS J</b>
STREET ADDRESS	<b>2200 ELLER DRIVE</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>CPS</b> <input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, JEAN</b>
STREET ADDRESS	<b>2100 S OCEAN DR #10CD</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 0</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BRAND, HERBERT</b>
STREET ADDRESS	<b>5201 AUTH WAY</b>
CITY - ST - ZIP	<b>CAMPA SPRINGS MD</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SPENCER, RONALD</b>
STREET ADDRESS	<b>2 W DIXIE HWY</b>
CITY - ST - ZIP	<b>DANIA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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.

**SIGNATURE:** *J. Fitzgerald* **J. FITZGERALD** **4-29-97** **954-767-3319**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036390

CR2E037 (9/96)