


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90065 009 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 767598</b>					
1. Corporation Name <b>THE FLORIDA ALLIANCE, INC.</b>					
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 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/22/1983 4. FEI Number 59-2311864 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>FITZGERALD, JEAN</b> <b>2200 ELLEN DRIVE</b> <b>3RD FLOOR</b> <b>FT LAUDERDALE FL 33316</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HVIDE, HANS J			1.2 NAME			
STREET ADDRESS	2200 ELLER DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	CST	<input type="checkbox"/> DELETE		2.1 TITLE	CSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZGERALD, JEAN			2.2 NAME			
STREET ADDRESS	2100 S. OCEAN LANE, APT. 706			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAND, HERBERT			3.2 NAME			
STREET ADDRESS	5201 AUTH WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAMPA SPRINGS MD			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPENCER, RONALD			4.2 NAME			
STREET ADDRESS	2 W DIXIE HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 9547673319

CR2E037 (11/98)