FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

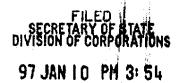
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

"A95000001675"

ALLIANCE ASSOCIATES TITLE AGENCY, LTD.





	ບັບ	0002051 -01/14/97 ****191.29	35503 -01059007 5 ****191.25	54813,50 Sup 103,15 Over \$14.00 Qe 1/10	
ALLIANCE ASSOCIATES TITLE	AG SE STH AVENUE	الاس	ELRAY BEACH FL 33483	P95000083154	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		City, State & Zip Code	11c. Registration/ Document Number	
	THAT IS A CORPORATION, MUST BE REGISTERED A			ER BUSINESS ENTITY	
agent I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appo	e obligations of section 620.192, Florida Statutes.		DATE		
for the purpose of changing its register	20 1051 and 620 192 Florida Statutes, the above na ed office or registered agent or both, in the State of F				
		Delva	y Boh	FL 33483	
DELRAY BEACH FL 93483		Suite, Apt. #, etc.	Suite, Apt. #, etc.		
- 86 S.E. 6TH AVENUE		Street Andress (P	Street Address (P. 1. Roy Number 1970) Accepte (a)		
9. Name and Address of Current Registered Agent LASKEY, DAVID G		10. If changed, new Registered Agent/Office Name			
O Nome and Address	of Current Depletared Apont		10 If changed pay Parister	nd Agent/Office	
203 V83 T	Bed 233483 F	2 Country Box	8. Make check payable to: Dept. 0	Fee Required of State (See reverse side for fee information	
Delinay Beh	FI Dehre Bel	(FI	7. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. 65-0621408	Applied For Not Applicable	
2: Mailing Address 5 AV		AVC	FL	10,500	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
	<u> </u>		3a. Date of Last Report 01/29/1996	FL	
98 S.E. 6TH AVENUE DELRAY BEACH FL 33483	98 S.E. 6TH AVENUE DELRAY BEACH FL 33483		11/03/1995	\$35,000.00	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	

12. 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. Frelease the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

Tand that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

CHZE(003 (6/9)

DATE 12-31-96

Chaytime Telephone Number 54-278-5556

Typed or Printed Name of General Partner Signing Form

this annual report is true and accur empowered to execute this seport.

SIGNATURE