


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000094 1. Entity Name ALLIANCE CAPITAL PARTNERS, INC.	
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Principal Place of Business 300 DELAWARE AVE, SUITE 1704 WILMINGTON, DE 19801	g Address J DELAWARE AVE, SUITE 1704 WILMINGTON, DE 19801
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2022897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	HICKS, DAVID M
STREET ADDRESS	1725 MEMORIAL PARK DR
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	PSD
NAME	CLEMENTS, ROBERT M
STREET ADDRESS	8100 NATIONS WY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	SHIRCLIFF, ROBERT T
STREET ADDRESS	8100 NATIONS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MEEKS, GARY A
STREET ADDRESS	8100 NATIONS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	NEWTON, RUSSELL B JR
STREET ADDRESS	8100 NATIONS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	COMMANDER, CHARLES E III
STREET ADDRESS	200 LAURA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Hajda THOMAS A. HAJDA 3-5-04 904-332-7604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #