FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62975 (3)

1. Corporation Name
ALLIANCE GROUP REALTY, INC.

Principal Place of Business
4107 5TH AVE N. SUITE B
ST. PETERSBURG FL 33713-6303
US

Mailing Address
4107 5TH AVE N SUITE B
ST PETERSBURG FL 33713-6303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Quasified) 01/11/1989
3a. Date of Last Report 03/08/1994

2. Principal Place of Business
21 Same

2a. Mailing Address
26 Same

4. FEI Number 65-0105538 — Applied For / Not Applicable

22 Date Affected
27 Date Affected

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City
28 City

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 State 25 County
29 State 30 County

8. This corporation has subsidiary for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SCHROEDER, K RONALD
4107 5TH AVE N, SUITE B
ST PETERSBURG FL 33713

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

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 I agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: K. Schroeder, Pres. K. Ronald Schroeder, Pres 5-4-95
Signature of Registered Agent — Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SCHROEDER, K. RONALD
STREET ADDRESS	4107 5TH AVE N SUITE B
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	D
NAME	SCHROEDER, K. RONALD
STREET ADDRESS	4107 5TH AVE N SUITE B
CITY, ST, ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information contained with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report filed with it 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or is attached with an addition.

SIGNATURE: K. Schroeder, Pres. K. Ronald Schroeder, Pres. 5-4-95 (813) 321-2700
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0300055 CP