## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K62975

1. Corporation Name

(3)

**FILED** May 21 1996 8:00 am Secretary of State

ALLIANCE GROUP REALTY, INC.	

Principal Place	Principal Place of Business Mailing Address											
4107 5TH AVE N. SUITE B				4107 5TH AVE N. SUITE B ST PETERSBURG FL 33713-6383								
US	0110 12 001		ΰ		13713-0303			0.1			<u></u> ,	
								<ol> <li>Date Incorporated or Qualified 01/11/1989</li> </ol>	1	e of Last R 5/10/199		
2. Principal Pl.			J	Mailing Address				4. FEI Number		<del></del>	Applied For	
		recticed way	26	110 Sam	mert	5	dury	65-0105538		-	Not Applicable	
Suite, Apt. :	#. etc.	•	27	Surte, Apl. #, etc.			•	5. Certificate of Status Desired			5 Additional Required	
City & State	e	· · · · · · · · · · · · · · · · · · ·	151	City & State				6. Election Campaign Financing			00 May Be	
23 3 M	Nape	- /·						Trust Fund Contribution			ed to Fees	
<sub>24</sub> <sup>Zip</sup> 33 S	10	Country USA	l In	710 33CIA	<b>⊢</b> −¬	untry		8. This corporation has liability for		ax under s	199.032,	
24 005		and Address of Current	29 Regist	tered Agent	30	т	lesp	Florida Statutes Y	es No Bogistored	Acont		
	3, 112	The real control of the control of t	110913	icita Agein		81	Name	IV. Name and Address of New	negistered	Agent		
SCHROE	DER, K RO	ONALD				_		000				
	AVE N.					82 Street Address (P.O. Box Number is Not Acceptable)						
<del>ST PETE</del>	RSBURG I	<del>L 33713</del>				83			1			
						84	City A	THE RESERVE THE RE		85 Z	p Code	
							MCI	NOON .	FL	_     <u> </u> <u> </u> <u> </u> <u> </u>	300	
<ol> <li>11. Pursuant t or register</li> </ol>	to the provis led agent, or	ions of Sections 607.0502 a both, in the State of Florida	and 607 a. Such	7.1508, Florida Statut i change was authoria	tes, the abo zed by the i	ove i		ation submits this statement for the pild of directors. Thereby accept the ap	urpose of ch	anging its r	registered office	
familiar wit	th, and acce	of the eblications of Section	on 607.0	0505, Florida Statute:	S.	ĺ			1.1	A s	- Lagorit y Livi	
SIGNATURE _	Staniature tyriori	or printed han er of registered agent a		Colination (b.	MF Figuriles		r fisgnatura regined	For Program 1910 W	5/17/	16		
12.	<u> </u>	OFFICERS AND		TORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12	
TITLE	PST	<u>.</u>		Delete	1 1 1	ITLE				Change	Addition	
NAME		EDER, K. RONALD			12 N	AME		_				
STREET ADDRESS		HAVE N SUITE B			1.3 S	TREFT	T ADDRESS	10 Summerfield				
CITY-ST-Z-P TITLE	D D	ersburg fl		[] DELETE			S1 - ZIP	Brandon fc 3:	300			
NAME	l T	EDER, K. RONALD		Dougle	2 1 T 2 2 N					Change	Addition Addition	
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CITY-ST-ZP		ERSBURG FL					SI-ZIF	10 Summenheld u Braudon FC 331	24			
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NAME					3 2 N	AME			•	_ ,		
STREET ADDRESS					3 3 S	TREE	1 ADDRESS					
CITY - S1 - ZIP							ST - ZIP	P				
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CITY - ST - ZIP							ADDRESS					
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NAME				_	5 2 N				L			
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CITY-S1-7IP					5 4 0	IY-S	Sr - ZIP					
TrīLE				DELETE	6 1 1	TLF			[	Change	Add-tion	
NAME					62N	AME						
STREET ADDRESS							ADDRESS					
CITY - ST - ZIP	L <u>.</u>				6.4 CI	1Y - 5	ST - ZIP					

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 conciliation or the receiver or trustee empowered to execute this report as remarked by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed you an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/11/96 (813) 681-2700