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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 21 1996 8:00 am  
Secretary of State

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

2. Principal Place of Business

2a. Mailing Address

21 110 Summerfield Way

26 110 Summerfield Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Brandon FL

28 Brandon FL

Zip

Zip

Country

24 33510

29 33510

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROEDER, K RONALD  
4107 5TH AVE N SUITE B  
ST. PETERSBURG FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 110 Summerfield Way

84 City

Brandon

FL

85 Zip Code

33510

11. Pursuant to the provisions of Sections 607.0502 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 accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent Signature required when reappointing)

5/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change ☐ Addition

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14. 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. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

(813) 681-2700

CR2E034 (12/95)