

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L81346** (3)

1. Corporation Name

ALLIANCE PROPERTY SYSTEMS, INC.



Principal Place of Business

**7101 W COMMERCIAL BLVD.
#4-A
FT. LAUDERDALE FL 33319
US**

Mailing Address

**7101 W COMMERCIAL BLVD.
#4-A
FT. LAUDERDALE FL 33319
US**

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0202655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARUE, CLIFF
3300 UNIVERSITY DR. #615-10
#615
CORAL SPRINGS FL 33065**

81 Name

Eric LaRue

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

7101 W. Commercial Blvd.

83

Suite 4-A

84

City

Ft. Lauderdale

FL

85

Zip Code

33319

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Eric LaRue

Treasurer

DATE **4/1/96**

Signature, typed or printed name of registered agent and title, if applicable

Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **LARUE, CLIFF**
STREET ADDRESS **3300 UNIVERSITY DR., #615**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☒ DELETE

NAME **LARUE, SUSAN**
STREET ADDRESS **3300 UNIVERSITY DR., #615**
CITY-ST-ZIP **CORAL SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **7101 W. Commercial Blvd #4-A**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7101 W. Commercial Blvd. #4-A**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME **Eric LaRue**
3.3 STREET ADDRESS **7101 W. Commercial Blvd. #4-A**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

4.1 TITLE **P** ☐ Change ☒ Addition

4.2 NAME **Leigh Hoffman**
4.3 STREET ADDRESS **7101 W. Commercial Blvd #4-A**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 change is indicated in attachment with an address.

SIGNATURE

Eric LaRue

DATE **4/1/96**

PHONE **954-724-2001**

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)