FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3/23/95 B-2521-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M76737** (9)

1. Corporation Name
ALLIANCE FINANCE COMPANY

Principal Place of Business	Mailing Address
8001 SOUTHWEST 36 ST. SUITE ONE DAVIE FL 33328	8001 SOUTHWEST 36 ST. SUITE ONE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0049663 ☐ 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

MOSS, HARVEY
2015 N.E. 198TH TERRACE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Michelle Downey
82 Street Address (P.O. Box Number Is Not Acceptable): 8001 SW 36 Street
83: Suite One
84 City: Davie, FL 85 Zip Code: 33328

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: Michelle Downey Michelle Downey 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☑ Change ☐ Addition
NAME	MOSS, HARVEY	1.2 NAME	Downey, Michelle K.	
STREET ADDRESS	2015 N.E. 198 TERRACE	1.3 STREET ADDRESS	8001 SW 36 Street, Suite One	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	1.4 CITY-ST-ZIP	DAVIE, Florida 33328	
TITLE	VCD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	RAHN, ERIC W	2.2 NAME	Rahn, Eric W.	
STREET ADDRESS	200 W. ADAMS SUITE 2100	2.3 STREET ADDRESS	6 West Hubbard, 6th Floor	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60610	
TITLE	CB	3.1 TITLE	C	☑ Change ☐ Addition
NAME	MCCANN, DONALD	3.2 NAME	McCann, Donald	
STREET ADDRESS	200 W. ADAMS SUITE 2100	3.3 STREET ADDRESS	6 West Hubbard, 6th Floor	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Chicago, IL 60610	
TITLE	S	4.1 TITLE	S	☑ Change ☐ Addition
NAME	DENISE LEBEAU	4.2 NAME	LeBeau, Denise	
STREET ADDRESS	200 WEST ADAMS STREET SUITE 2100	4.3 STREET ADDRESS	6 West Hubbard, 6th Floor	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL 60610	
TITLE	T	5.1 TITLE	T	☑ Change ☐ Addition
NAME	JOSEPH, JEFF	5.2 NAME	Joseph, Jeff	
STREET ADDRESS	200 WEST ADAMS , SUITE 2100	5.3 STREET ADDRESS	6 West Hubbard, 6th Floor	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60610	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Michelle Downey VP Michelle Downey 3/8/95 305-370-3330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0238100 CP