

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M76737** (9)

1. Corporation Name

ALLIANCE FINANCE COMPANY



Principal Place of Business

**8001 SOUTHWEST 36 ST.
SUITE ONE
DAVIE FL 33328**

Mailing Address

**8001 SOUTHWEST 36 ST.
SUITE ONE
DAVIE FL 33328**

3. Date Incorporated or Qualified

04/18/1988

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOWNEY, MICHELLE
8001 SW 36 STREET
SUITE ONE
DAVIE FL 33328**

81

Name

Jon D. Derrevere

82

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

224 Datura Street, 11th Floor

83

84

City

West Palm Beach,

FL

85

Zip Code

33401

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

Jon D. Derrevere
Signature, typed or printed name of registered agent and title if applicable

Jon D. Derrevere

(NOTE: Registered Agent signature required when reinstating)

5-3-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DOWNEY, MICHELLE K.**
STREET ADDRESS **8001 SW 36 STREET, SUITE ONE**
CITY-ST-ZIP **DAVIE FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **RAHN, ERIC W.**
STREET ADDRESS **6 WEST HUBBARD, 6TH FLOOR**
CITY-ST-ZIP **CHICAGO IL**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **MCCANN, DONALD**
STREET ADDRESS **6 WEST HUBBARD, 6TH FLOOR**
CITY-ST-ZIP **CHICAGO IL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **LEBEAU, DENISE**
STREET ADDRESS **6 WEST HUBBARD, 6TH FLOOR**
CITY-ST-ZIP **CHICAGO IL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **JOSEPHS, JEFF**
STREET ADDRESS **6 WEST HUBBARD, 6TH FLOOR**
CITY-ST-ZIP **CHICAGO IL**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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 changed, or on an attachment with an address.

SIGNATURE:

Jeff Josephs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(312) 955-0099

CR2E034 (12/95)