2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M88792

1. Entity Name
ALLIANCE MONUMENT COMPANY

Principal Place of Business	Mailing Address
5825 PLUNKETT ST. HOLLYWOOD, FL 33023 US	5825 PLUNKETT ST. HOLLYWOOD, FL 33023 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0116389
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARANY, SANDOR JR
5825 PLUNKETT ST
HOLLYWOOD, FL 33023

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandor Barany JR 1-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000091638
03/18/04-80016-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARANY, SANDOR JR
STREET ADDRESS	18200 SW 68TH COURT
CITY-ST-ZIP	SOUTHWEST, FL 33331
TITLE	D
NAME	BARANY, TIM
STREET ADDRESS	5851 S W 55 ST
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	BARANY, JANICE
STREET ADDRESS	18200 SW 68TH COURT
CITY-ST-ZIP	SOUTHWEST, FL 33331
TITLE	VP
NAME	BARANY, TOM
STREET ADDRESS	5740 S W 54 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandor Barany JR 1-6-04 (954) 916-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #