

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:25

DOCUMENT # **P21500** (4)

1. Corporation Name
STRATEGIC ALLIANCE CORPORATION

Principal Place of Business	Mailing Address
3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410	3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1988	01/28/1994
4. FEI Number	Applied For
13-3199087	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SEEGERS, EDITH A.
3920 RCA BOULEVARD
SUITE 2004
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
(Signatures of listed or printed names of registered agent and filer of this report) (Print) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RESTINO, PHILIP C.
STREET ADDRESS	22 ST JAMES DR
CITY, ST, ZIP	PALM BCH GARDENS FL
TITLE	SD
NAME	SEEGERS, EDITH A.
STREET ADDRESS	4698 LUCERNE LAKES #104
CITY, ST, ZIP	LAKE WORTH FL
TITLE	T
NAME	RIPPE, SCOTT H.
STREET ADDRESS	218 FAIRWAY WEST
CITY, ST, ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Delete
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	T
43 STREET ADDRESS	Sharon P. Hood
44 CITY, ST, ZIP	8606 Thousand Pines Court West Palm Beach, FL 33411
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(b), 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: *Philip C. Restino* Philip C. Restino, P/D 3/24/95 (407)694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number