

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25165 (2)
1. Corporation Name
ALLIANCE COMMERCIAL PROPERTIES, LTD., INC.



Principal Place of Business 165 S. UNION BLVD. SUITE 500 LAKEWOOD CO 80228 US	Mailing Address 165 S. UNION BLVD. SUITE 500 LAKEWOOD CO 80228 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/13/1989	
4. FEI Number 58-6237000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 N.E. 187TH STREET
SUITE 305
N. MIAMI BEACH FL 33162

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RICHARD	1.2 NAME	
STREET ADDRESS	165 S. UNION BLVD., STE. 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80228	1.4 CITY-ST-ZIP	
TITLE	CO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEG, WILLIAM	2.2 NAME	
STREET ADDRESS	165 S. UNION BLVD., STE. 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80228	2.4 CITY-ST-ZIP	
TITLE	CFOS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, DOUG	3.2 NAME	
STREET ADDRESS	165 S. UNION BLVD., STE. 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80228	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEU, JEFFREY	4.2 NAME	
STREET ADDRESS	6000 CLEARWATER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9497	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLER, THOMAS	5.2 NAME	
STREET ADDRESS	6000 CLEARWATER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9497	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, TIMOTHY	6.2 NAME	
STREET ADDRESS	6000 CLEARWATER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9497	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* **1/9/98**
303-986-2222

CF2E034 (10/97)