

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032147 (9)

1. Corporation Name

ALLOY CONSULTING, INC.



Principal Place of Business

Mailing Address

6148 VISTA LINDA LANE
BOCA RATON FL 33433
US

6148 VISTA LINDA LANE
BOCA RATON FL 33433
US

2. Principal Place of Business

2a. Mailing Address

21 4000 N. Federal Hwy

26 4000 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 209

27 Suite 209

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Zip

24 33431

29 33431

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, STAN M
6148 VISTA LINDA LANE
BOCA RATON FL 33433

81 Name

SILVERMAN, STAN M

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

4000 N. Federal Hwy Suite 209

83

84 City

Boca Raton

FL

85 Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME SILVERMAN, STAN
STREET ADDRESS 6148 VISTA LINDA LANE
CITY-ST-ZIP BOCA RATON FL

TITLE T
NAME SILVERMAN, CAROL
STREET ADDRESS 6148 VISTA LINDA ANE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P SILVERMAN, STAN

Change

Addition

1.2 NAME

4000 N. FEDERAL HWY SUITE 209

1.3 STREET ADDRESS

BOCA RATON FL

1.4 CITY-ST-ZIP

33431

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stan Silverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stan Silverman

6/10/96 (407) 367-8901

CR2E034 (3/96)