

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 # P93000057486 (1)

1. Corporation Name

ALLIANCE CAPITAL FACTORING GROUP, INC.



Principal Place of Business

Mailing Address

**2300 GLADES RD.
#200 WEST
BOCA RATON FL 33433
US**

**2300 GLADES RD.
#200 WEST
BOCA RATON FL 33433
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CONLON, JO ANNE M
2300 GLADES RD.
200 WEST
BOCA RATON FL**

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
06/06/1995

4. FEI Number

65-0447527

Applied For

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 ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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

Signature typed or printed name of registered agent and date of signature

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ELLIOTT, MELTON**
STREET ADDRESS **22075 LAS BRISAS CIR., #310**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **VD CONLON, JO ANNE M**
STREET ADDRESS **7529 SAN MATEO DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME **SD WOLF, VERA E**
STREET ADDRESS **22075 LAS BRISAS CIR., #310**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **TD CONLON, RICHARD O**
STREET ADDRESS **7529 SAN MATEO DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

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