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FILED

May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000057486 (1)

1. Corporation Name

ALLIANCE CAPITAL FACTORING GROUP, INC.

Principal Place of Business

2300 GLADES RD.
#200 WEST
BOCA RATON FL 33431-7386
US

Mailing Address

2300 GLADES RD.
#200 WEST
BOCA RATON FL 33431-7386
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

ELLIOTT, MELTON

STREET ADDRESS

22075 LAS BRISAS CIR., #310

CITY-ST-ZIP

BOCA RATON FL

TITLE

VD

☐ DELETE

NAME

CONLON, JO ANNE M

STREET ADDRESS

7529 SAN MATEO DRIVE

CITY-ST-ZIP

BOCA RATON FL 33433

TITLE

SD

☒ DELETE

NAME

ELLIOTT, MELTON

STREET ADDRESS

22075 LAS BRISAS CIR., #310

CITY-ST-ZIP

BOCA RATON FL

TITLE

TD

☒ DELETE

NAME

CONLON, RICHARD O

STREET ADDRESS

7529 SAN MATEO DRIVE

CITY-ST-ZIP

BOCA RATON FL 33433

TITLE

SECRETARY

☐ DELETE

NAME

CONLON, JO ANNE

STREET ADDRESS

7529 SAN MATEO DRIVE

CITY-ST-ZIP

BOCA RATON, FL 33433

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

753 SIESTA KEY CIRCLE
DEERFIELD BEACH, FL 33441

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TREASURER
MELTON ELLIOTT
753 SIESTA KEY CIRCLE
DEERFIELD BEACH, FL 33441

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 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 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:

MELTON ELLIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/98 561 3679558

Daytime Phone # 0327134

CR2E034 (10/97)