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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000084745 (7)

1. Corporation Name
ALLIANCE WAREHOUSE, INC.



Principal Place of Business
3400 MACINTOSH RD
BLDG B BAYS 5-6
PORT EVERGLADES FL 33316
US

Mailing Address
PO BOX 165114
BLDG E BAY 7
33316UDERDALE FL 33316-5114
US

3. Date Incorporated or Qualified 12/13/1993
3a. Date of Last Report 01/29/1996

2. Principal Place of Business
21 1850 Eller Drive

2a. Mailing Address
26 1850 Eller Drive

4. FEI Number 65-0458041
Applied For Not Applicable

Suite, Apt. #, etc.
22 Suite 401

Suite, Apt. #, etc.
27 Suite 401

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Ft. Lauderdale, FL

City & State
28 Ft. Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33316 US

Zip Country
29 33316 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, J P
3400 MACINTOSH RD
BLDG E BAY 7
FT LAUDERDALE FL 33316

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1850 Eller Drive
83 Suite 401
84 City Ft. Lauderdale FL 85 Zip Code 33316

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	REYNOLDS, JOHN P. I	PO BOX 165114 FT LAUDERDALE FL		<input type="checkbox"/>
VP	REYNOLDS, MATTHEW L.	PO BOX 165114 FT LAUDERDALE FL		<input type="checkbox"/>
ST	REYNOLDS, PATRICIA A	PO BOX 165114 FT LAUDERDALE FL		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		1850 Eller Drive Suite 401 Ft. Lauderdale, FL. 33316		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		1850 Eller Drive, Suite 401 Ft. Lauderdale, FL. 33316		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		1850 Eller Drive, Suite 401 Ft. Lauderdale, FL. 33316		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Matthew Reynolds* 1/15/97 854-522-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)