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PROFIT CORPORATION ANNUAL REPORT

1996



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

	ETING ALLIANCE, INC.	Mailing Address			- -			
140 INTRACOASTAL POINTE DR. #306 JUPITER FL 33477		140 INTRACOASTAL POINTE DR. #306						
SOFIIEN FE	. 33477	JUPITER FL 33477		3. Date incorporated or Qualified 3s. Date of Last Report				
					03/15/1994	1	18/11/ 1	,
	Place of Business	2a. Mailing Address			4. FEI Number 65-047990	3	1	Applied For
Suite, Ant	E. Indiantown Road	26 1070 E. Inc	iantown	Road	APPLIED FOR			Not Applicab
Suite, Apt. Sui te	210	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional
City & Stat		City & State			Election Campaign Financing			e Required
	er, FL	28 Jupiter, FL			Trust Fund Contribution			.00 May Be ced to Fees
Zip 22477	Country	Zip	Country		8. This corporation has liability for	r intangible t		
33477	25 Palm Beach 9. Name and Address of Current	29 33477	30 Palm	Beach	Florida Statutes	s 🗌 No		
	or the mid radioss of Continu	negrstered Agent	81	Name V3	10. Name and Address of New I	Registered	Agent	
LAVACE	HE, VICKI J	•	1 1	V 1 (cki J. Lavache			
	RACOASTAL POINTE DR.		82	Street Addres	ss (P.O. Box Number is Not Acceptate	ble)		
#306			83		70 E. Indiantown Ro ite 210	oad		-
JUPITE	R FL 33477							
			1 1	City Jup	piter	FL	85	33477
Pursuant or register	to the provisions of Sections 607.0502 a	and 607 1508. Florida Statute						
	ied agent, or both, in the State of Florida	Such change was authorize	es, the above-na	med corporati	ion submits this statement for the pu	rpose of ch	anging its	s registered offic
familiar wi	red agent, or both, in the State of Florida th, and accept the obligations of, Sectio	n. Such change was authorizen 607.0505, Florida Statutes	es, the above-na ed by the corpor ·	med corporati ration's board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of characteristics	anging its register	s registered offir ed agent. I am
iamiliar wi	tri, and accept the obligations of, Sectio	n 607.0505, Florida Statutes	,		от альокого. Тистору ассерт тте арр	rpose of chaointment as	anging its registeri	s registered offic ed agent. I am
namiliar wi	ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio Signature. Spred or printed name of registered agent an OFFICERS AND	n 607.0505, Florida Statutes d title if applicable (No	TE: Registered Agent s		then reinstalling)	DATE	registeri	eo agent. I am
NATURE	Signature, lyped or printed name of registered eyent ar OFFICERS AND	n 607.0505, Florida Statutes d title if applicable (No	,		от альокого. Тистору ассерт тте арр	DATE	DIRECT	ORS IN 12
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SIGNATURE:

John O'Keefe, Director 4/26/96 407-575-3520