## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

941-761-8506 Daylime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400059209 (4)

ALLIANCE HOMES, INC.					
Principal Place of Business         Mailing Address           PO BOX 7553         PO BOX 7553           BRADENTON FL 34210         BRADENTON FL 34210-0753           US         US				# (1004001 AF IRM 0104 FOR 1001) AUG 1001	MATEL BRING ADMIN STRIN BETTO HOTH SERI
				3. Date incorporated or Qualified 08/09/1994	3a. Date of Last Report 03/11/1996
	lace of Business	2a. Mailing Address 26 P.O.Box 5	ショフ	4. FEI Number	Applied For
21 Suite, Apt	# plo	26 P. O . B O X 5	021	65-0517696	Not Applicable  \$8.75 Additional
22	<b>"</b> , cic.	27		6. Certificate of Status Desired	Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Sarasota,	FL	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29 34277 30	Country S		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CALICE M. DEVICAL ID. 81 Name					
GAUSE, W. PEYTON JR.			81 Name		
TWO N TAMIAMI TR SUITE 404			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
SARASOTA FL 34236			83		+
Cray	1001A 1 E 04200				
] 			B4 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 proted came of registered ager		egistered Agent algnature requir		DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	PRINE, ROBERT E		1.2 NAME		
STREET ADDRESS	PO BOX 7553 N/A		1.3 STREET ADDRESS		
CHY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRINE, ROBERT E JR.		2.2 NAME		
STREET ADDRESS	PO BOX 7553 N/A		2.3 STREET ADDRESS		
CHY-SI-7IP	BRADENTON FL D	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
101F NAME	PERRY, EDWARD L	□ httric	3.1 HILE 3.2 NAME		C change C vention
STREET ADORESS	PO BOX 7553 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	į	3.4. CITY-ST-ZIP		
THILF		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAM:		i	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Į.
CHY-ST-ZIP		T DESCRIE	4.4 CITY - ST - ZIP		<b>D</b>
TIFLE		☐ DELETE	51 TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY - ST- ZIP		
TITLE	,	DELETE	6.3 TITLE		Change Addition
NAME			6.2 NAME		··· • —
STREET ADDRESS			6.3 STREET ADDRESS		į
CITY - S1 - ZIP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied in indicated on this annual report of se	with this filing does not qualify to	or the exemption stated	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the effect as if made under path, that
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 of supplemental annual report is true and eccurate 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 reference of truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 13 if changed, or on an attachment with an address.					

IAME OF BIGNING OFFICER OR DIRECTOR