

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000092497 (4)**

1. Corporation Name
SEVENTEEN ALLIANCE CORPORATION



Principal Place of Business 595 BAY ISLE RD 1208 LONGBOAT KEY FL 34228 US	Mailing Address 595 BAY ISLE RD 1208 LONGBOAT KEY FL 34228-3102 US
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3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business P.O. Box 15559	2a. Mailing Address P.O. Box 15559
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4. FEI Number 65-0544807	Applied For <input type="checkbox"/> Not Applicable
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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22. City & State Sarasota, Florida	27. City & State Sarasota, Florida
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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23. Zip 34277 Country US	28. Zip 34277 Country US
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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24. 34277 25. US	29. 34277 30. US
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9. Name and Address of Current Registered Agent
**HOYLE, ROBERT D
DYE & SCOTT P.A.
1111 THIRD AVE., WEST SUITE 300
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name **Hoyle, Robert D**
82 Street Address (P.O. Box Number is Not Acceptable)
Conley & Cleary
83 **2401 Manatee Ave, West**
84 City **Bradenton** FL 85 Zip Code **34209**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	HOUZE, DAVID
CITY-ST-ZIP	595 BAY ISLE RD SUITE 1208 LONGBOAT KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 15559
1.4 CITY-ST-ZIP	Sarasota, Florida 34228-3102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **David W. Houze, President** 4/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)