

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000055574 (4)

1. Corporation Name
S.G.T. ALLIANCE, INC



Principal Place of Business: 4303 BLUE HERON DR. PONTE VEDRA FL 32082
Mailing Address: 4303 BLUE HERON DR. PONTE VEDRA FL 32082

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 100 Executive Way
Suite, Apt. #, etc.
22 Suite 204
City & State
23 Ponte Vedra, Fla.
Zip Country
24 32082 25 USA

2a. Mailing Address
26 100 Executive Way
Suite, Apt. #, etc.
27 Suite 204
City & State
28 Ponte Vedra, Fla.
Zip Country
29 32082 30 USA

4. FEI Number: 59-3334081
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JONES, MARK
4303 BLUE HERON DR.
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Mark W. Jones* Mark W. Jones 04-16-96
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DELETED
NAME	President
STREET ADDRESS	Mark W. Jones
CITY-ST-ZIP	4303 Blue Heron Dr. - C Ponte Vedra, Fla. 32082
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
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		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark W. Jones* Mark W. Jones 4-16-96 904-280-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)