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

PROFIT CORPORATION ANNUAL REPORT

1997



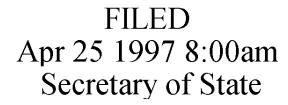
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075291 (0)

ALLIANCE CONSULTING GROUP, INC.





Principal Plac	e of Business	Mailing	Mailing Address							
8633 HIGH PINE DR., STE. 101 CORAL SPRINGS FL 33065		3633 HIG CORAL S	3633 HIGH PINE DR., STE. 101 CORAL SPRINGS FL 33065-6013							
							 Date Incorporated or Qualified 09/09/1996 	3a. Dat	o of Last F	Report
	lace of Business	2a. Maili	ing Address				4. FEI Number		A	pplied For
21		26					65 ~ 0697125 Not Applicable			
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	6	City 28	& State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip			Cou	Country		8. This corporation has liability for in	ntangible t	ax under s	s. 199.032.	
24	25	29		30					No	
1	9. Name and Address of Cu	rrent Registered	Agent				10. Name and Address of New Re	distered A	gent	
COF	RSOVER, WILLIAM				81	Name				
3633 HIGH PINE DR., STE. 101 CORAL SPRINGS FL 33065					82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
i COI	ALE OF LANGO I E COOCO				83					
					84	City			85 Zip	Code
		0.00	00.51		<u> </u>	L		FL	Ļ J	
11. Pursuant office or r	to the provisions of Sections 607. registered agent, or both, in the S am familiar with, and accept the ol	0502 and 607.15 tate of Florida, Su distribute of Sec	08, Florida Statute ich change was a	os, the a ulhorize	bove d by	e-named o the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of a t the appo	changing i intment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registere						quired when reinstating)	DATE		
12.		AND DIRECTOR		13.	a Age	riii sigirature re	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PRESIDENT	7447 671116 01011	DELETE	1.1 7	111 f		ADDITIONS/OFFARGES TO OFFIC		Change	Addition
NAME	Indaposit Con			1.2 N						
STREET ADDRESS	WILLIAM L. COR. 3633 HIGH PINE	NAME OF				ADDRESS				į
CITY-\$T-ZIP	COPAL CANALCE	27066				1-ZIP				[
TITLE	CORAL SPRINGS	1 33003	DELETE	2.1 1		1-211			Change	Addition
NAME	VICE PRESIDENT	. D		2.2 N		1		•	4	
STREET ADDRESS	ARWINE CORSONS	(E. 1)V				ADDRESS				
GITY-ST-ZIP	CORPUT SPICING	C 5 337	65-6013			ST-ZIP				
TITLE	TAISTIC DE TOTAL	21t32.	DELETE	3.1 Ti		317 611		· · · · · · ·	Change	Addition
.NAME			_	3.2 N						
STREET ADDRESS						ADDRESS				
CITY-\$T-ZIP						31 - 7IP				
TITLE			DELETE	4.1 11		7			Change	Addition
NAME			-	4. 2 N				_		_
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 C	HY-S	T - 7IP				·
TITLE			DELETE	5.1 TI					Change	Addition
NAME				5 2 N.	AME					
STREET ADDRESS				535	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	IIY-\$	T - ZIP				- 1
TITLE		THE CO. LEWIS CO. LEWIS CO. LEWIS CO. LEWIS CO., LANSING, MICH. 40, 100, 100, 100, 100, 100, 100, 100,	DELETE	6.1 TI					Change	Addition
: NAME				62 N	AME					
STREET ADDRESS				635	1REET	ADDRESS				
CITY-ST-ZIP						1 - 7 IP				
0111-31-21		10 - A 20 - 41 to 425	to the second second	4 - 4			ted in Castian 440 07/9Vi). Florida Clatutas	I for all a second		

Too nereby 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 agrued 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 Aprovation 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 1. I granged or on an attachment with an address.

1411/110-04 1

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