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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P96000100444 (4)

ALLIANCE COMMUNICATIONS, INC.

	ce of Business	Mailing Address							
5006 CAMPTON COURT 5006 CAMPTON COURT TAMPA FL 33847 TAMPA FL 33847									
						DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualified</li> <li>12/12/1996</li> </ol>			
2. Principal F	2a. Mailing Address				4. FEI Number			oplied For	
Suite, Apt	# pic	Suite, Apt. #, etc.	<del>.</del>			59-3417731			lot Applicab Additional
12	. <b>#, 6</b> 10.	27				5. Certificate of Status Desired			Required
City & Sta	le	City & State		_		6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country 25	Zip 29	Cour	ntry	1	This corporation owes or has paid the Personal Property Tax due June 30.		ent year Ir	<del></del>
<u></u>	9, Name and Address of Curre		1	_	<del></del>	10. Name and Address of New Registe	red A	gent	
w	ONGO, JANICE A			81	Name				
5005 CAMPTON COURT TAMPA FL 33647				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
***			Ī	83					
				84	City		FL	<b>85</b> Zip	Code
agent. I a SIGNATURE	Signature typed or pointed name of ingistered a	NOTI) oktasiłopa t old bia mog				poration submits this statement for the purpo- tion's board of directors. I hereby accept the ired when reinstating)	ΤE		
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	I LUONOO IANKOE A	DELETE	1.1 TITE					Change	Additio
NAME	LUONGO, JANICE A 5005 CAMPTON COURT		1.2 NA/		4000000				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33647		1.3 SIH		ADDRESS				
TITLE	TANK PLIE GOOT?	DELETE	2.1 YITL	_	1.20			Change	Additio
NAME		<del>_</del> _	2.2 NA	ME				-	
STREET ADDRESS			2.3 STA	EET	ADDRESS				
CITY - ST - ZIP			2. 4 CIT	Y-5	T-2IP				
TITLE		☐ DELETE	3.1 TITL	.E				Change	Additio
NAME			3 2 NAI						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CIT 4.1 T(T)		si - ZIP			Change	Additio
NAME			4.2 NA		j				<u></u>
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY	Y- S1	T-ZIP				
TITLE		DELETE	5.1 TITL					Change	Additio
NAME			5.2 NAA	đΕ					
STREET ADDRESS			5.3 STR	FFT.	ADDRESS				

14. Thereby 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 arrival 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 13 if changed, or on an attachment with an address.

61 TITLE

5.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Ja Funga

4-28.98

813978/992

Change

**FILED** 

May 08 1998 8:00am

Secretary of State