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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103911 (9)

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FIRST ALLIANCE, INC.					MILLANASSEE, FLORIDA		
11101	ALLINIOLI IIIO.						
Principal Plac	e of Business	Mailing Address					/IBB (1)10 (B181 1)401 (181 184)
17198 WHITEHAYEN DRIVE 17198 WHITEHAVEN DRIVE							
BOCA RATON FL 33496 BOCA RATON FL 33496							
						DO NOT WRITE IN THIS	3 SPACE
						3. Date Incorporated or Qualified	
O Dringing! D	lace of Business	Co. Mailing Address				12/30/1996	
	nace or business	2a, Mailing Address				4. FEI Number 65-07 166 10	Applied For
Sulte, Apt.	# etc	Suite, Apt. #, etc.					Not Applicable \$8.75 Additional
22	71 dec.	27		5. Certificate of Status Desired	Fee Required		
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the co	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		81		10. Name and Address of New Registered	J Agent
PRINCE, PAUL					Name		
17198 WHITEHAVEN DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
BO	CA RATON FL 33496						
				83			
				84	City		85 Zip Code
		·		Ш		FI	L]
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor 						rporation submits this statement for the purpose ation's board of directors. I hereby accept the ar	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Sta	dules			
SIGNATURE			- B				
12.	Signature, typed or profed name of registered agent OFFICERS AND		13.	o Ager	nt signatule requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE				Change Addition
NAME	PRINCE, PAUL		1.2 N			200002404	6623
STREET ADDRESS	17198 WHITEHAVEN DRIVE		1.3 S	1.3 STREFT ADDRESS		-09/1 <u>0/</u> 97	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 C			****550.00	****150.00
TITLE		DELETE	2 1 T	ITLE			Change Addition
NAME			2.2 NAME				ĺ
STREET ADDRESS		2.3 STRE		TREET A	ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		T-ZIP		
TITLE		☐ DELETE	3.1 TITLE				Change Addition
NAME			3.2 ₦	IAME			
STREET ADDRESS			335	TREET /	ADDRESS		J
CITY-ST-ZIP				ITY-\$1	I - ZIP		
TITLE				4.1 TITLE			Change
NAM€			4. 2 N				
STREET ADDRESS			435	TREET A	ADDRESS		
CITY-ST-ZIP			IIY-SI	- ZIP		Change Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·		5.1 TI		}		Change Addition
NAME PROFEST ADDRESS			5.2 N		1000000		
STREET ADDRESS					ADDRESS		$\langle M \rangle n$
CITY-ST-ZIP TITLE		DELETE	5.4 C 6.1 TI	ITY-SI	· ZIP		1 Share Madition
NAME		בין מננכונ	6.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					J		$\vee V$
	6.4 sertify that the information supplied with this bling does not qualify for the e			IIY-SI empti		o Section 119 07(3)(i) Florida Statutes I further c	pertity that the information

4. Thereby certify that the information supplied with this filing doos 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.

CIONATURE.

Poul & Prince

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