PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021361

Corporation Name

ALLIANCE EQUITIES, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90222 008 ***150.00



Principal Place of Business Mailing Address 1915 MERION LANE 1915 MERION LANE CORAL SPRINGS FL 33071 **CORAL SPRINGS FL 33071** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0733456 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EPSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1915 MERION LANE CORAL SPRINGS FL 33071 83 City Zip Code 84 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition PSTD 11 TITLE TITLE EPSTEIN, RICHARD 1.2 NAME NAME 1915 MERION LANE 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZIP [] DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)