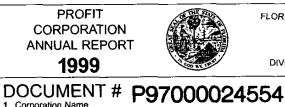
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90006 042 \*\*\*150.00

ALLIANU	E INSUKANCE GROUP, IN	<b>U</b> .				}							
Principal Place	of Rusiness	Mailing Address						i) II <b>iba</b> li <b>oq</b> iil (	<b>                                     </b>			i 71311 3184 100)	
Principal Place of Business 2911 S. CONGRESS AVE SUITE 106		2911 S. CONGRESS AVE SUITE 106											
LAKE WORTH FL 33461		LAKE WORTH FL 33461				DO NOT WRITE IN THIS SPACE						٦	
	<u>.                                    </u>		-	-			03/13/1997	d or Qualifed	a 				
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number				<del>-   - `</del>	pplied For	-
21		26					<u>65-0734355</u>					ot Applicable	4
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5.	Certificate of State	us Desired				Additional equired	
City & State	• ,	City & State				6.	Election Campaig	n Financing	, ,		\$5.00	May Be	
23		28					Trust Fund Contr	ibution	اسا		Added	to Fees	1
Zip	Country	Zip	Countr	ry		8.	This corporation	owes the cu	rrent year	Intangi	ble	_	
24	25	29	30			⊥	Personal Propert	у Тах.			Yes	No	1
	9. Name and Address of Currer	nt Registered Agent				10.	Name and Addr	ess of New	Register	ed Age	nt		-
			8	1 Na	ame								
	DRNACKY, ROBERT F S. CONGRESS AVE		83	2 St	reet Addre	ess (P.	O. Box Number i	s Not Accep	table)				1
SUIT	E 106		8	3									1
LAKE	WORTH FL 33461		L										
			8	4 Ci	ty				F	:L  8	5 Zip	Code	1
											<del></del>		-
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized b ida Statute	es.	corporation	n's bo	oard of directors. I	ement for th hereby acco	ept the ap		nging its ent as re	registered egistered	
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office or reagent. I an SIGNATURE  12.	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florida. Such change was au tions of, Section 607.0505, Flori nt and title if applicable. (NOTE:	Registered Ag  13.	es.	corporation	I when re	einstating)	nereby acc	OATE	AND E		gistered	100,777
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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 changed to on an attactment with an address, with all other like empowered.

SIGNATURE: