

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000055973 (6)**

1. Corporation Name

ALLIANCE COMPUTING TECHNOLOGIES, INC.

Principal Place of Business

**3105 W. WATERS AVE., SUITE 215
TAMPA FL 33614**

Mailing Address

**3105 W. WATERS AVE., SUITE 215
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

59-3455573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FOSTER, JOHN P
4202 WATER OAKS LANE
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FOSTER, JOHN P**
STREET ADDRESS **4202 WATER OAKS LANE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME **Director Jack Spangler**
STREET ADDRESS **2310 South Hesperides**
CITY-ST-ZIP **TAMPA FL 33609**

☐ DELETE

ADDITION ☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman CEO** ☒ Change ☐ Addition

1.2 NAME **JOHN P Foster**
1.3 STREET ADDRESS **4202 Water Oaks Ln**
1.4 CITY-ST-ZIP **TAMPA FL 33624** **Director**

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **Gerald P Hurley**
2.3 STREET ADDRESS **17735 NATHAN'S DR.**
2.4 CITY-ST-ZIP **TAMPA FL 33647** **Director**

3.1 TITLE **TREASURER** ☐ Change ☒ Addition

3.2 NAME **Bernadette S. Foster**
3.3 STREET ADDRESS **4202 Water Oaks Ln.**
3.4 CITY-ST-ZIP **TAMPA FL 33624**

4.1 TITLE **Secretary** ☐ Change ☒ Addition

4.2 NAME **GREGORY C YADLEY**
4.3 STREET ADDRESS **101 E. Kennedy Blvd. Suite 2800**
4.4 CITY-ST-ZIP **TAMPA FL 33601**

5.1 TITLE **Director** ☐ Change ☒ Addition

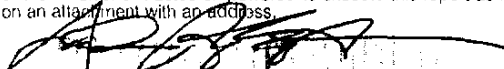
5.2 NAME **W. Andrew Krusen Jr.**
5.3 STREET ADDRESS **2909 Bay to Bay**
5.4 CITY-ST-ZIP **TAMPA FL 33629**

6.1 TITLE **Director** ☐ Change ☒ Addition

6.2 NAME **BRUCE A. SPANGLER**
6.3 STREET ADDRESS **4807 WOODBINE RD**
6.4 CITY-ST-ZIP **TAMPA FL 33609**

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, or on an attachment with an address.

SIGNATURE



3/6/98 RJ 936 0165

CR2E034 (10/97)