

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-10-1999 90035 003 ***150.00

0392077

DOCUMENT # P97000055973

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

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
3105 W. WATERS AVENUE
SUITE 215
TAMPA FL 33614

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 ☐ DELETE

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

TITLE P ☐ DELETE

NAME HURLEY, GERALD
STREET ADDRESS 17735 NATHANS DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE T ☐ DELETE

NAME FOSTER, BERNADETTE S
STREET ADDRESS 4202 WATER OAKS LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ DELETE

NAME YADLEY, GREGORY C
STREET ADDRESS 101 E. KENNEDY BLVD. STE. 2800
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☐ DELETE

NAME KRUSEN, W. ANDREW JR
STREET ADDRESS 2909 BAY TO BAY
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE

NAME SAMSON, BRUCE A
STREET ADDRESS 4807 WOODMERE RD.
CITY-ST-ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P Foster

3/3/99

Date

813 935 0165

Daytime Phone #

CR2E034 (1/1/98)