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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055973

1. Corporation Name

ALLIANCE COMPUTING TECHNOLOGIES, INC.

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

03-10-1999 90035 003 ***150.00



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Suite. Apt. #, etc. Size Suite. Size Suite. Size	2. Principal Pl	ace of Business	2a. Mailing	g Address				4.			_ A	pplied For
Suite, Apt. #, etc. 27	21								<u>59-3455573</u>			
City & State Ci		#, etc.	Suite,	Apt. #, etc.				5.	Certifcate of Status Desired		•	I
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Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax. Yes Xino Xin	<u> </u>	e	— <u> </u>	State				6.				
24						nin/						to rees
9. Name and Address of Current Registered Agent FOSTER, JOHN P 3105 W. WATERS AVENUE SUITE 215 TAMPA FL 33614 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its 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, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS 11. STREET ADDRESS CITY. ST. ZP TAMPA FL 33624 12. OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 TITLE P		·			r	ниу		8.	•	rent year int		521No
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3105 W. WATERS AVENUE SUITE 215 TAMPA FL 33614 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-57:2P TITLE DC NAME FOSTER, JOHN P 12. NAME FOSTER, JOHN P 13. STREET ADDRESS FIREF A	<u> </u>	3. Hallie Bild Address of Calle	one (togistorous r	·go.i.	_	81	Name			<u> </u>		
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STATE I CAMPONI POLICE A # 62 NAME !	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC FOSTER, JOHN P 4202 WATER OAKS LANE TAMPA FL 33624 P HURLEY, GERALD 17735 NATHANS DR. TAMPA FL 33647 T FOSTER, BERNADETTE S 4202 WATER OAKS LANE TAMPA FL 33624 S YADLEY, GREGORY C 101 E. KENNEDY BLVD. STE. TAMPA FL 33601 D KRUSEN, W. ANDREW JR 2909 BAY TO BAY TAMPA FL 33629 D	ND DIRECTORS	DELETE DELETE DELETE	13. 1.1 TI 1.2 Nv 1.3 ST 1.4 CI 2.1 TI 2.2 Nv 2.3 S' 2.4 CC 3.1 TI 3.2 Nv 3.3 S' 4.4 CI 5.1 TI 5.2 Nv 5.3 S' 5.4 CC 6.1 TI	Agent TLE AME TY-ST- TLE AME TREET, TLE TTLE TTLE TTLE TTLE TTLE TTLE T	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP				Change Change	Addition Addition Addition
NAME SAMSON, BRUCE A 62 NAME	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A DC FOSTER, JOHN P 4202 WATER OAKS LANE TAMPA FL 33624 P HURLEY, GERALD 17735 NATHANS DR. TAMPA FL 33647 T FOSTER, BERNADETTE S 4202 WATER OAKS LANE TAMPA FL 33624 S YADLEY, GREGORY C 101 E. KENNEDY BLVD. STE. TAMPA FL 33601 D KRUSEN, W. ANDREW JR 2909 BAY TO BAY TAMPA FL 33629	ND DIRECTORS	DELETE DELETE DELETE	13. 1.1 TI 1.2 Nv 1.3 ST 1.4 CI 2.1 TI 2.2 Nv 2.3 S' 2.4 CC 3.1 TI 3.2 Nv 3.3 S' 4.4 CI 5.1 TI 5.2 Nv 5.3 S' 5.4 CC 6.1 TI	Agent TLE AME TY-ST- TLE AME TREET, TLE TTLE TTLE TTLE TTLE TTLE TTLE T	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP				Change Change	Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

TAMPA FL 33609

JOHN P Foster