PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90032 035 ***150.00

DOCUMENT # PORODOR6417

1. Corporation IBEL ALI	Name LIANCE, INC.					
Principal Place of Business Mailing Address					I I I I I I I I I I I I I I I I I I I	
730 WEST MCNAB ROAD 730 WEST MCNAB ROAD				•		ı
FT. LAUDEROALE FL 33309 FT. LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
					10/08/1998	1.
O District D	lace of Business	2a. Mailing Address			4. FEI Number Applied	For
	MCA OL DOSILIOSS	26			65-0867992 Not Apr	
21 Suite, Apt.	# etc	Sulte, Apt. #, etc.			\$8.75 Additi	ional ,
27			- .		5. Certificate of Status Desired Fee Require	10 {
City & State	City & State	& State		6. Election Campaign Financing \$5.00 May	Бe	
23		28			Trust Fund Contribution Added to Fe	6.7
Zip			Country	G. This competence of the same of		. 1
24	25 29 30				Personal Property Tax.	<u> </u>
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent	
041	LO PORIN I		81	Name		
GALLO, ROBIN J				Street Ad	tress (P.O. Box Number is Not Acceptable)	
730 WEST MCNAB ROAD						
F1. I	AUDERDALE FL 33309		83		•	
			B4	City	85 Zip Code	
				,	FL 63 24 COOL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, the above-named co-poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. La	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.	·		},
SIGNATURE						
	Signature, typed or printed name of registered agent a			i signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	CRZE034 (1.1/98)
12.			13.			/vidition 🗮
ππLE	· =	S BOSCIE	12NAME	Ī	<u>-</u> -	4
NAME	ETDING! A F		-	1000000		8
STREET ADDRESS	FT. LAUDERDALE FL 33309		1,3 STREET ADDRESS			22
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	Ε.	PRESIDENT ZChange	Addition 5
TITLE	d Holmes, Thomas L	-	22 NAME	-	homas L. Holmes 8 NORTHEAST DRIVE	} }
NAME	118 NORTHEAST DRIVE		2.3 STREET	Annocce	& NORTHEAST DRIVE	
STREET ADDRESS	LOVELAND OH 45140		2.4 CITY-5	7.70	OVELAND, OH 45140	ا ا م
CITY-ST-ZIP	LOVEDAND CIT 45140		3.1 TITLE	~ →	Thance II.	Addition
NAME			3.2 NAME	12	ERALD J. BRADY 30 West McNAB Roacl	-
			3.3 STREET	ADRESS 7	30 West Menab Roacl	
STREET ADORESS		•	3.4 CITY S	T. 71D	transerdale, FL 33:309	
CITY-ST-ZIP			4.1 TITLE		ecretary Change (Addition
NAME		· •	4.2 NAME	È	Renepick Hausman	. 1
STREET ADDRESS			4.3 STREET	ADDRESS (Reperick Hausman	(
CATY-ST-ZIP		•	4.4 CITY-ST	∵ze É	iorriguneraale. Fl 33309	2
TITLE			5.1 TITLE	A	SSISTANT SECTETALY Change	dilion
NAME	•		52 NAME			1
STREET ADDRESS		<u> </u>	5.3 STREET	ADDRESS T	130 West MCNAB RUCCH	}
CITY-ST-ZIP			5.4 CITY-ST	·20° (-t. Laubelhale, PL 00007	
TITLE		☐ DELETE	B.1 TITLE		☐ Change] Addition
			62 NAME	- 1		l l

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(S.Ki), 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 eath; 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 brian attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ATURE REQUIRED