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(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

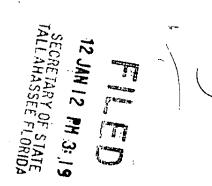
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	ı		
	1		^)

SUBJECT: Alliance Real Estate Refunds Two (Name of Corporation)

DOCUMENT NUMBER: 998000 89/5/

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

(Name of Person)	
(Name of Firm/Company)	
PO BOX 29	-
St. Petersburg FL	3373/

For further information concerning this matter, please call:

(City/State and Zip Code)

Lincol Cron at (727) 898 0000

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

My commission expires:

