

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45274** (5)

1. Corporation Name

ALLIANCE MARKETING GROUP, INC.



Principal Place of Business

**2655 N OCEAN BLVD
300-6
SINGER ISLAND FL 33404
US**

Mailing Address

**356 GOLFVIEW ROAD #309
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
04/15/1991

3a. Date of Last Report
05/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0272790

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKHAM, MICHAEL C.
201 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33601**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HASELMIRE, WILLIAM F.**
CITY-ST-ZIP **1271 MORSE BLVD.
RIVIERA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

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3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

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5.1 TITLE

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5.3 STREET ADDRESS

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6.1 TITLE

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE

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10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

TITLE ☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

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TITLE ☐ DELETE

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

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TITLE ☐ DELETE

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

TITLE ☐ DELETE

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

TITLE ☐ DELETE

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

TITLE ☐ DELETE

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

TITLE ☐ DELETE

17.1 TITLE

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17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

TITLE ☐ DELETE

18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

TITLE ☐ DELETE

20.1 TITLE

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20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

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21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

TITLE ☐ DELETE

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

TITLE ☐ DELETE

23.1 TITLE

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

TITLE ☐ DELETE

24.1 TITLE

24.2 NAME

24.3 STREET ADDRESS

24.4 CITY-ST-ZIP

TITLE ☐ DELETE

SIGNATURE: *William F. Haselmire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(407) 840-9991

Date Daytime Phone #

CR2E034 (12/95)