


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 27, 1999 8:00 am  
Secretary of State  
07-27-1999 90011 013 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S70402

1. Corporation Name  
AGENT ALLIANCE CORPORATION

Principal Place of Business  
1636 ACME ST  
ORLANDO FL 32805  
US

Mailing Address  
1636 ACME ST  
ORLANDO FL 32805  
US



2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country

3. Date Incorporated or Qualified  
07/29/1991

4. FEI Number  
59-3081496

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.  
Yes No

9. Name and Address of Current Registered Agent  
MCMILLAN, J. LAWRENCE  
1829 GADSEN AVE  
ORLANDO FL 32812

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 *J. Lawrence McMillan* DATE 7-19-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCMILLAN, J. LAWRENCE	1.2 NAME	
STREET ADDRESS	1829 GADSEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	LANGFORD, GERALD M.	2.2 NAME	
STREET ADDRESS	108 E. HOLLY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY IN THE HILLS FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MCMILLAN, LAWRENCE J	3.2 NAME	
STREET ADDRESS	1829 GADSEN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LANGFORD, GERALD M	4.2 NAME	
STREET ADDRESS	108 E HOLLY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY IN TH HILLS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *J. Lawrence McMillan* 7-19-99 407 839-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)