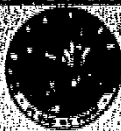


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74221

(0)

1. Corporation Name

ALLIANT CAPITAL, INC.

Principal Place of Business

Mailing Address

% WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131-2867

% WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131-2867

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1991

3a. Date of Last Report

04/06/1994

4. FEI Number

65-0280170

Applied For

Not Applicable

2. Principal Place of Business

21. C/O WLMC REGISTERED AGENTS, INC.

26. Mailing Address

26. C/O WLMC REGISTERED AGENTS, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 701 BRICKELL AVE, SUITE 2000

27. 701 BRICKELL AVE, SUITE 2000

City & State

City & State

23. MIAMI, FL

28. MIAMI, FL

24. 33131

25. U.S.A.

29. 33131

30. U.S.A.

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 § 199.932,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33149

81. Name

WLMC REGISTERED AGENTS INC.

82. Street Address (P.O. Box Number is Not Acceptable)

701 BRICKELL AVENUE

83. Suite, Apt. #, etc.

SUITE 2000

84. City

MIAMI

FL

85. Zip Code

33131

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 for 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 607.0502, Florida Statutes.

SIGNATURE

Leslie J. Crolano
LESLIE J. CROLANO, AUTHORIZED REP. 2/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	SCHULMAN, HARRY D.
STREET ADDRESS	777 BRICKELL AVE, #1200
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	SCHULMAN, HARRY D.
STREET ADDRESS	777 BRICKELL AVE, #1200
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included in the annual or supplemental annual report is true and accurate and that my corporation 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 681, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry D. Schulman
HARRY D. SCHULMAN

4/25/95 305753 2499