CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business	2a. Mailing Address
21 C/O WLMC REGISTERED AGENTS, INC.	26 C/O WLMC REGISTERED AGENTS, INC.
Suite, Apt. #, etc 22 701 BRICKELL AVE, SUITE 2000	Suite, Apt. #, etc 27 701 BRICKELL AVE, SUITE 2000
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL.
Zip / Country 24 33131 / 25 U.S.A.	Zip / Country 29 33131 / 30 U.S.A.

4. FEI Number: 65-0280170 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: WLMC REGISTERED AGENTS INC.
82 Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE
83: 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, 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: Leslie J. Croland, LESLIE J. CROLAND, AUTHORIZED REP. 2/22/95
(If changing Registered Agent, Signature required from new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, HARRY D.	12 NAME	
STREET ADDRESS	777 BRICKELL AVE, #1200	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, HARRY D.	22 NAME	
STREET ADDRESS	777 BRICKELL AVE, #1200	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
HARRY D. SCHULMAN

4/25/95
DATE

305 753 2499
Daytime Phone #

0120690 CP