

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 MAR 24 PM 2:06**DOCUMENT # V35524 (0)**

1. Corporation Name

**ALLIANCE TRADERS CORP.**

Principal Place of Business

**1243 CLINT MOORE RD.  
BOCA RATON FL 33487**

Mailing Address

**1243 CLINT MOORE RD.  
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/12/1992**

3a. Date of Last Report

**11/07/1994**

4. FEI Number

**65-0393281**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

**24**

Country

2a. Mailing Address

**25**

Suite, Apt. #, etc.

**26**

City &amp; State

**27**

Zip

**28**

Country

**29****30**

9. Name and Address of Current Registered Agent

**ICKOVICS, HAROLD  
1243 CLINT MOORE ROAD  
BOCA RATON FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**D  
ICKOVICS, HAROLD L.  
1243 CLINT MOORE ROAD  
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
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CITY - ST - ZIP3.1 TITLE  
3.2 NAME  
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3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
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CITY - ST - ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
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CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do 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)(k), Florida Statutes. I further certify that the information included 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 officer 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, as changed, or on an attachment with an address.

SIGNATURE:

**HAROLD ICKOVICS MARCH 10, 1995 (407) 241-8244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Initials)

(Signature) (Print Name)