

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

1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

50 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65828**

(8)

ALLIANCE REALTY MANAGEMENT, INC.

9900 STIRLING RD.
SUITE 200
COOPER CITY FL 33024

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SUITE 200
COOPER CITY FL 33024

3. Filing Date: 09/21/1992		3a. Filing Agent Report: 02/08/1994	
4. Filing Number: 06-0287980		Approved For: ☐ Not Applicable	
5. Certificate of Status: ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing: ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for nonpayment of taxes: ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
DRAZIN, LAWRENCE 9900 STIRLING RD. SUITE 200 COOPER CITY FL 33024		<table border="1"> <tr><td>81</td><td>Name:</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number, Not Applicable):</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City:</td></tr> <tr><td>85</td><td>State:</td></tr> </table>		81	Name:	82	Street Address (P.O. Box Number, Not Applicable):	83		84	City:	85	State:
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82	Street Address (P.O. Box Number, Not Applicable):												
83													
84	City:												
85	State:												

11. The undersigned, the president or secretary of the corporation, certifies that the above information is true and correct for the purposes of filing this report with the Florida Department of State. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am not a resident of the State of Florida.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																																																														
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14. I hereby certify that this corporation is subject to the filing requirements of the Florida Department of State. I have read the provisions of the Florida Department of State and I have signed this report as required by the Florida Department of State. I have signed this report as required by the Florida Department of State. I have signed this report as required by the Florida Department of State.

SIGNATURE: *Lawrence Drazin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 304 432 2200