

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 176839 (9)

1. Corporation Name  
**RELIABLE FINANCE COMPANY**



Principal Place of Business: 5675 34TH ST N, P.O. BOX 12125, ST PETERSBURG FL 33733  
Mailing Address: 5675 34TH ST N, P.O. BOX 12125, ST PETERSBURG FL 33733

3. Date Incorporated or Qualified: 01/06/1954  
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: 59-0717947  
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

9. Name and Address of Current Registered Agent  
**COHEN, CYNTHIA  
5675 34TH ST  
ST PETERSBURG FL 33714**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0607 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, LOLA	1.2 NAME	
STREET ADDRESS	5681 34TH ST NORTH	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG, FL 00000	1.4 CITY- ST- ZIP	
TITLE	PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CYNTHIA	2.2 NAME	
STREET ADDRESS	11385 8TH ST E	2.3 STREET ADDRESS	
CITY- ST- ZIP	TREASURE ISLD, FL 00000	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CYNTHIA	3.2 NAME	
STREET ADDRESS	11385 8TH ST. E.	3.3 STREET ADDRESS	
CITY- ST- ZIP	TREASURE ISLAND, FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 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: *Cynthia Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CYNTHIA COHEN

4/27/96  
813-525-1155  
Digitally Signed

CR2E034 (12/95)