

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:00

DOCUMENT # **M93718 (8)**

1. Corporation Name
RELIABLE SERVICE OF PALM BEACH COUNTY INC.

Principal Place of Business Mailing Address
401 B BENNINGTON LANE- 754 NANTUCKET CIRCLE
LAKE WORTH FL 33467
US

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **08/11/1988** 3a. Date of Last Report **02/10/1994**

4. FEI Number **65-0065272** 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 2a. Mailing Address
21 **754 NANTUCKET CIRCLE** 2a **754 NANTUCKET CIRCLE**
LAKE WORTH FL 33467 2a **LAKE WORTH FL 33467**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **754 NANTUCKET CIRCLE** 27 **SAME**
City & State City & State
23 **LAKE WORTH, FL 33467** 28 **SAME**
Zip Country Zip Country
24 **33467** 25 **U.S.** 29 **SAME** 30

9. Name and Address of Current Registered Agent

KALISH, HAROLD
401 B BENNINGTON LANE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name **S. BERT KRASNOW**
82 Street Address (P.O. Box Number is Not Acceptable) **754 NANTUCKET CIRCLE**
83
84 City **LAKE WORTH** FL 85 Zip Code **33467**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KRASNOW, S. BERT**
STREET ADDRESS **754 NANTUCKET CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **BOMBACE, JOHN**
STREET ADDRESS **846 SALEM LANE**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD**
NAME **KALISH, HAROLD**
STREET ADDRESS **401 B BENNINGTON LANE**
CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE Change Addition
3.2 NAME **STD**
3.3 STREET ADDRESS **KALISH, HAROLD**
3.4 CITY-ST-ZIP **111 SUNSHINE BLVD**
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Bert Krasnow* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. BERT KRASNOW, PRES.