

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M93718 (8)**
1. Corporation Name
RELIABLE SERVICE OF PALM BEACH COUNTY INC.



Principal Place of Business: **754 NANTUCKET CIR LAKE WORTH FL 33467 US**
Mailing Address: **754 NANTUCKET CIR LAKE WORTH FL 33467 US**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/11/1988**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **65-0065272**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**KRASNOW, S. BERT
754 NANTUCKET CIR
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above named corporation certifies 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRASNOW, S. BERT	
STREET ADDRESS	754 NANTUCKET CIRCLE	
CITY- ST- ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOMBACE, JOHN	
STREET ADDRESS	846 SALEM LANE	
CITY- ST- ZIP	LAKE WORTH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KALISH, HAROLD	
STREET ADDRESS	111 SUNSHINE BLVD	
CITY- ST- ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VTD
23 STREET ADDRESS	JOHN BOMBACE
24 CITY- ST- ZIP	846 SALEM LN.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LAKE WORTH, FL 33467
33 STREET ADDRESS	No longer a
34 CITY- ST- ZIP	director
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 supplements' 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: *S. Bert Krasnow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCH 18, 1996 407-964-7324
FILE THIS FORM...

CR2E034 (12/95)