

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 # P93000076466 (0)

1. Corporation Name
RELIANCE ASSOCIATES, INC.



Principal Place of Business: 2120 RANGE ROAD CLEARWATER FL 34625
Mailing Address: 2120 RANGE ROAD CLEARWATER FL 34625

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 06/26/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26
P.O. Box 5145

4. FEI Number: 59-3213265
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: Clearwater FL
28. City & State: Clearwater FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 34618-5145
25. Country:
29. Zip: 34618-5145
30. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SAITO, LEO F III
1248 LAZY LAKE ROAD E.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
81. Name: Montana, Michael
82. Street Address (P.O. Box Number is Not Acceptable): 2205 Windsong Ct
83.
84. City: Safety Harbor 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 607.0606, Florida Statutes.

SIGNATURE: *Michael Montana*

Date: _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	SAITO, LEO F III	
STREET ADDRESS	1248 LAZY LAKE ROAD E.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MONTANA, MICHAEL	
STREET ADDRESS	2205 WINDSONG CT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE: <input checked="" type="checkbox"/>
12. NAME: SAITO, LEO F III
13. STREET ADDRESS: 2076 Backwater Trail
14. CITY-ST-ZIP: Palm Harbor, FL 34685
2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:
3. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME: ST
33. STREET ADDRESS: Flora, LEO F III
34. CITY-ST-ZIP: 4166 Ridge Moor Dr, No Palm Harbor, FL 34685
4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:
5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-ST-ZIP:
6. 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 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: *Michael Montana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)