

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
S. J. A. B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S95114** (2)

1. Corporation Name
RELIABLE FINANCIAL SERVICES, INC.

Principal Place of Business
**336 ADAIR STREET
PORT CHARLOTTE FL 33954**

Mailing Address
**P.O. BOX 909
MURDOCK FL 33938-0909
US**



2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	22 City & State	26 P.O., Box 380909	27 State, Apt. #, etc.
23 Zip	25 County	28 City & State	29 Zip
24	25	30	30

3. Date Incorporated or Qualified 11/19/1991	3a. Date of Last Report 04/24/1995
4. FEI Number 65-0299591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name FIEDLER, RAYMOND W.		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 336 ADAIR STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City PORT CHARLOTTE		84 City	
85 Zip Code FL 33954		85 Zip Code	

11. Pursuant to the provisions of Sections 607.04(1) and 607.11(1)(c), Florida Statutes, I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(1)(c), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	FIEDLER, RAYMOND W.	2. NAME	
STREET ADDRESS	336 ADAIR STREET	3. EXACT ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE FL	4. CITY-STATE-ZIP	
STD	FIEDLER, RONI J.	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	336 ADAIR STREET	6. NAME	
CITY-STATE-ZIP	PORT CHARLOTTE FL	7. EXACT ADDRESS	
		8. CITY-STATE-ZIP	
		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. EXACT ADDRESS	
		12. CITY-STATE-ZIP	
		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	
		15. EXACT ADDRESS	
		16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(1)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement of annual report is based on accurate information that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Raymond Fiedler* PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-96 (941)627-9993

CR2E034 (12/95)