FIL	E NOW: FIL	ING FEE AFTE								
PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham										
ANNUAL REPORT				ry of State			FILED			
1996 DIVISION OF COR)RPOR/	RPORATIONS		Apr 25 1996 8:00 am			
DOCUMENT # 579102 (5)							Secretary of State			
RELIA	ABLE WRECKING	g CO., INC.								
Principal Place of Business Mailing Address							L LOUIU L BIFII LOORIU AUGULAUUUU	U DIAL DIAL DIAL DIAL DI	UT OVINI UTAN	
31 NORTH DIXIE HIGHWAY 31 NORTH DIXIE HIGHWAY HALLANDALE FL 33009 HALLANDALE FL 33009 US US						:			,	
 Principal Pt 	lace of Business	22.4	Antina Address				 Date Incorporated or Qualified 07/14/1978 FEI Number 	3a. Date of Last F 08/01/1	995	
2. Principal Pla 21		2a, M 26					4. FEI Number 59-1839132		Applied For Not Applicable	
Suite, Apt. : 22	-	27	Suite, Apt. ⊭, etc.				5. Certificate of Status Desired	K \$8.7	5 Additional Required	
City & State	le Cour	28	Dity & State			6. Election Campaign Financing Trust Fund Contribution	LJ Adde	0 May Be d to Fees		
24 24	25	29	/ip 34	Cour 10	itry		 This corporation has liability for in Florida Statutes Yes 		199.032,	
	9, Name and Add	dress of Current Register	red Agent		81 Name		10. Name and Address of New Re			
							ck Bickford, President			
31 N. I	DIXIE HWY.					^{AO} 31~	ess (P.O. Box Number is Not Acceptable) North Dixle Highway			
HALLA	HALLANDALE FL 33009 B3									
•				1	64 City		llandale	FL * 3	p Code 3009	
11. Pursuant t or register	to the provisions of Second agent, or both, in the	ctions 607.0589 and 607.1 he State of Vorida. Such of	508, Florida Statutes, th hange was authorized t	he abov	ve-named co orporation's			ose of changing its ntment as registered	registered office	
11. Pursuant to the provisions of Sections 607.0569 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 Statefor Morida. 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										
	Signative, typed or printed has	OFFICERS ND DIRECTO	icable. (NOTE: R	Registered /	Agent signature n	required w	hen reinstatingi	DATE	and the second sec	
12. Title	PVS			13. 1.1 TH	ſLE		ADDITIONS/CHANGES TO OFFIC	Change	285 IN 12 Addition (1567)	
NAME				1.2 NA			es./Sec./Treasure ck Bickford-100%		34 (
STREET ADDRESS CITY-ST-ZIP	31 N. DIXIE H				REET ADDRESS	31	North Dixie High	nway	2E0	
TITLE	1 W VILLE W VIC VIL	16	DELETE	XX	XXXX	Ha:	llandale, Fl. 39	3009 Change	Addition 6	
NAME			l	XX	XXXX	Pei	r Article XIII, m	requiring	disclosu	
STREET ADDRESS C(TY - ST - ZIP				88	XXXXX	of	ownership intere	est on An	nual	
TITLE			DELETE 3.1 TITLE		1-51-21P	rei	ports: Jack Bickf terest *No other		ownershi	
NAME				3.2 NAM	ME	any	interest other	than Jac	wns k Bickford	
STREET ADDRESS					REET ADDRESS	as	of January 1, 19	996.	V DICUTOL	
CITY-ST-ZIP TITLE			DEL ETE	34 CH1 4 1 DT	Y-ST-ZIP ILE			Change	T Addition	
NAME				4.2 NAM						
STREET ADDRESS				4.3 STP	HEET ADDRESS					
CITY-ST-ZIP TITLE		······		4.4 C/T) 5. 1 T/T	Y-ST-ZIP		20000120		Addition	
NAME				5.1 MAN	-		-04/25/960111	າວະາ ມ ະຫຼາງ 12 በ22		
STREET ADDRESS					REET ADDRESS		***200.00			
CITY-ST-ZIP	l				Y-ST-ZIP					
THLE . NAME			DELETE	6. 1 THTLE 6.2 NAME				Change		
STREET ADDRESS					REET ADDRESS			11.25	$\frac{1}{2}$	
CITY - ST - ZIP				6.4 CIT	Y - ST-ZIP			4 0		
certity that	t the intormation indical	aled on this annual report or	r succiementa, annual re	ionnat ie	true and an	o irota	the exemption stated in Section 119.07 and that my signature shall have the second that my signature shall have the second by Chapter 602.	ama lagal affaat oo k	Imagina under	
oalt; that I am an officer or director of the corporation or the regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 to Block 13 if changed, or on an attachment with an address.										
SIGNATURE: A Quality Ryes.										
Signature and type of Printed Name of Signing OFFICER OF DIRECTOR										