## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** 

**ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 647669

(1)

M.R. RELICK, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



1200 S.W. 15TH ST. BOCA RATON FL 33486		1200 S.W. 15TH ST. BOCA RATON FL 33486-6656					
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996		eport
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<del></del>	pplied For	
21		26			59-2083085	No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E. Confillment of Charles Decision	\$8.75	Additional
22		27	27		5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		. 199.032,
24			30		Florida Statutes Yes X No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
RELICK, MICHAEL R.			81	81 Name			
	0 S.W. 15TH ST.		82	Street Add	lress (P.O. Box Number is Not Acceptabl	9)	·
BOO	CA RATON FL 33486		83				
			84	1			Code
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Stat te of Florida. Such change was igations of, Section 607.0505, I	utes, the above s authorized b Florida Statute	re-named corpora by the corpora is.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered a	(N) skippinger in all bank keeps	OTE: Registered Ap	gent signalure requ	ilred when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PTD	DELETE	1.1 TILE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	RELICK, MICHAEL R.	1.2 h					[;
STREET ADDRESS	1200 S.W. 15TH ST.	1.3		T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	1.4		S1 - 7/P			
TITLE	\$	DELETE 2.				Change	Addition
NAME	RELICK,BARBARA J.		2.2 NAME		:		
STREET ADDRESS	1200 S.W. 15TH ST.	2.3 \$		1 ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY	· \$1 - 21P			
TITLE	V	DELETE 3.1				☐ Change	Addition
NAME	<b>RELICK, MATTHEW</b> J.						
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY	S1-2IP			
TITLE	DELETE 4.1		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	,		4.4 CITY -	ST-ZIP			
TITLE		DELETE 5.1				☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CI1Y -	S1 - ZIP			
TITLE		DELETE	6.1 111LE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRES	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY	S1 · Z(P			

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 am an officer or director of the corporation or the conjugation or the conjugation or the conjugation or the conjugation of the conju