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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L55218

(6)

RELI-A	TECH SERVICES, INC.									
Principal Place 19690 MUST 98 MUSTANO DUNNELLON	ANG DR. 3 DRIVE	Mailing Address 19690 Mustang Dr. 98 Mustang Drive Dunnellon Fl 34432	19690 MUSTANG DR. 98 MUSTANG DRIVE							— ,
ŲS		U\$				3. Date incorporated or Qualified 03/02/1990	od 3a. Date of Last Report 07/11/1995			
2. Principal Pla 21	ce of Business	2a. Mailing Address 26	r. Mailing Address			4. FEI Number 59-2995120	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1			5. Certificate of Status Desired		•	Additional Required	
City & State		City & State	1			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country Zip Countr 25 29 30			ntry			□No		199.032,	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New F	legistered A	gent		_
	CHARLES W.		L			ess (P.O. Box Number is Not Acceptab	ole)			-
	IUSTANG DR. LLON FL 34432		ŀ	83						-
					City	THE RESERVE TO SERVE THE PARTY OF THE PARTY	FL		p Code	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607,0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	? anc 607.1508, Florida Statute: da. Such change was authorize tion €07.0505, Florida Statutes.	s, the aboved by the c	ve-nar orpora	ned corpora ation's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of char ointment as r	ging its r agistered	egistered office Lagent. Lam	€ T
SIGNATURE _	Signature, typical or printed owne of registered agorit	tandit∜e Papp∜cabie. (NOT	Er Registeradu	Agent si	gnature required	t when reinstating)	DATE			
12.	OFFICERS AN	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	186
TITLE	D ODANIT OLUMBUTO W	☐ DELETE	1.1 [1]					Change	☐ Add:tion	75
NAME STREET ADDRESS	GRANT, CHARLES W. 19690 MUSTANG DR.		12 NA 13 ST	me Reet ad	ORESS					CR2E034 (12/95)
CITY-ST-ZIP	DUNNELLON FL			14 CHY-ST-ZIP						띯
TITLE		☐ DELETE	2 1 Ti	TLE"		☐ Chang			Addition	75
NAME			22 NAME							
STREET ADDRESS			23 \$1		ORESS					
CITY - ST - ZIP	***************************************			Y-51-	719					_
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CITY-ST-ZIP				Y-ST-						
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NAME			5 2 NA	ME						
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CITY-ST-ZIP			5.4 CIT	Y-S1-2	?IP					
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NAME			6 2 NA	ME						
STREET ADDRESS			63 \$16	REET AD	DRESS					
CITY-ST-ZIP	and first that the information and the	2) Al 2 El - 2 - 1 - 2 - 2	6401	Y-S1-2	P I					

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 corporations. The receiver or trusted 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: Charles Signing OFFICER OR DIRECTOR 4/30/96

352-465-0558