

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M18601 (8)**

1. Corporation Name  
**RELEIB STABLE, INC.**



Principal Place of Business: **2700 NORTH 29TH AVE SUITE 204 HOLLYWOOD FL 33020 US**  
Mailing Address: **2700 NORTH 29TH AVE SUITE 204 HOLLYWOOD FL 33020 US**

3. Date Incorporated or Qualified: **07/29/1985**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-2579360**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **3807 N. 29 Avenue**  
2a. Mailing Address: **3807 N. 29 Avenue**  
21. City & State: **Hollywood FL**  
22. Zip: **33020** Country: **USA**  
26. City & State: **Hollywood FL**  
27. Zip: **33020** Country: **USA**

9. Name and Address of Current Registered Agent: **BIELER, LAWRENCE I. 3700 NW 82ND ST MIAMI FL 33147**  
10. Name and Address of New Registered Agent: **BERNARD BIELER 3807 North 29 Avenue Hollywood, FL 33020**  
81. Name: **BERNARD BIELER**  
82. Street Address (P.O. Box, etc.): **3807 North 29 Avenue**  
83. City: **Hollywood, FL**  
84. Zip Code: **33020**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 I accept, the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-28-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIELER, BERNARD</b>	1.2 NAME	
STREET ADDRESS	<b>2700 NORTH 29TH AVE #204</b>	1.3 STREET ADDRESS	<b>3807 N. 29 Avenue</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Hollywood FL 33020</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in 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: *[Signature]* DATE: **1-28-96** TELEPHONE: **305-925-0644**

CR2E034 (12/95)