

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000179

FILED
Feb 23, 2004
Secretary of State**Entity Name:** RELIANCE-GULFSTREAM, INC.**Current Principal Place of Business:**516 NE 13 STREET
FT. LAUDERDALE, FL 33304**New Principal Place of Business:****Current Mailing Address:**516 NE 13 STREET
FT. LAUDERDALE, FL 33304**New Mailing Address:****FEI Number:** 65-0825069**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACKSON, ROBERT O
516 NE 13TH STREET
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: JACKSON, ROBERT O
Address: 516 NE 13 STREET
City-St-Zip: FT. LAUDERDALE, FL 33304**Title:** D () Delete
Name: JANTON, STEPHEN R
Address: 516 NE 13TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304**Title:** D () Delete
Name: CAPELLE, MICHAEL
Address: 516 NE 13TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CAPELLE

D

02/23/2004

Electronic Signature of Signing Officer or Director_____
Date