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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017502

RELCO ENTERPRISES INC

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 006 ***150.00

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	ENTERPRISES, INC.		•						
Dringing Pin	o of Business	Mailia	g Address				-		/01/0 /181 (UU)
Principal Plac			-						
178 EGLIN PKWY. P.O. BOX 339 FT. WALTON BEACH FL 32548 NICEVILLE FL 32588-0339 LIS US							DO NOT WRITE IN THI	S SPACE	
US US							3. Date Incorporated or Qualifed		
							03/08/1993		{
7 Principal E	Place of Business	2a. M:	ailing Address				4. FEI Number	T Apr	plied For
	lace of Business	26	g				59-3169797	ļ i · · ·	t Applicable
21 Suite, Apt.	# etc		ite, Apt. #, etc.	-		 		\$8.75 A	
— ·		27					5. Certifcate of Status Desired	Fee Re	quired
City & Stat	te		ity & State				6. Election Campaign Financing	\$5.00	May Be
23		28	•				Trust Fund Contribution	Added to	
Zip	Country	Zij	 D	Cou	intry		8. This corporation owes the current year I	ntangible	
24				30	-				□No
241	9. Name and Address of Curi				Γ^{-}		10. Name and Address of New Registere	d Agent	
12					81	Name		<u> </u>	- 7
MCC	GILL, ROBERT					01 111	(D.O. Down Number in New Assessments)		
743 HIGHWAY 98 EAST				Į.	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUI					83				
	TIN FL 32541				L	_			
					84	City	F	85 Zip C	Code
-44	60 60 607	7500 and 607	AEDR Floride Statute	on the e	<u></u>	named corns	emtion submits this statement for the nurnose i	of changing its	registered
office or	registered agent, or both, in the Sta	ate of Florida.	Such change was at	utnonzed	עס נ	tne corporation	n's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	am familiar with, and accept the obl	igations of, Se	ction 607.0505, Flor	rida Statı	utes	•			ļ
SIGNATURE							0.57		{
	Signature, typed or printed name of registered a			Registered	Agen	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	T	AND DIRECT	DELETE	1,1 TI	T.E		ADDITIONO/OFFARIOGO TO OFFICERS	Change	Addition
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14. I 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 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, with all other like empowered.

SIGNATURE SUCCESSION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.99

Daytime Phone #