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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017755 1. Corporation Name

RELISE INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90105 033 ***150.00

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Principal Place	of Business	Mailing Address		,, ,	I INDICATE HE INTERNAL MAIN COMMITTEE	1111 00111 10111 11011 11011 11011 11011
6800 N MILITAR	Y TRAIL	6800 N MILITARY TI	RAIL			
SUITE 637		SUITE 637	. r. on 07 4040		DO NOT WRI	TE IN THIS SPACE
WEST PALM BE	ACH FL 33407-1218	WEST PALM BEACH	1 FL 33407-1218		3. Date Incorporated or Qualifed	TENT THIS OF AGE
					03/04/1993	
2 Principal Pla	ace of Buşiliyes C 1	2a. Mailing Addres	s /		4. FEI Number	Applied For
21 504	Soll Smet	26 61 1-12	who	Mari	65-0395787	Not Applicable
Suite, Apt. #	<u> </u>	Suite, Apt, #, e	tc.			\$8.75 Additional
22	.,	27			5. Certificate of Status Desired	Fee Required -
City & State	011-1-1-	Lity & State	// -	17	6. Election Campaign Financing	\$5.00 May Be
23 Mest	PelarBeach, FL	- 28 PX CAM	Lucie	, FC	Trust Fund Contribution	Added to Fees
Zip PY /	Country 2	- Zin UAS	Coi	untry)SM	8. This corporation owes the curr	
24 JEGU	25 009	29 2/2	30		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New F	registered Agent
MIDO	PETTE DICHARD I CD			OI Maille		
	GETTE, RICHARD I SR. 50TH STREET			82 Street A	Address (P.O. Box Number is Not Accepta	able)
				83	HURITE MAG	
MES	T PALM BEACH FL 33407-2832			03	. 1	
				84 99	Print Inin	EI 85 Zip Code
****		4 CO2 4 CO0 Florida	Chat.dan the	pra	corporation submits this statement for the	purpose of changing its registered
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Elorida. Such change	was authorize	d by the corpo	ration's board of directors. I hereby accep	pt the appointment as registered
agent. I an	n familiar with and accept the obligat	of, Section 607.05	05, Florida Sta	tutes.		11-17-99
SIGNATURE	LUSTRALL		(NOTE: Posintero	d Ameri signatura ra	quired when reinstating)	DATE
12.	Signature, typed or philled name of registered agent OFFICERS ANI	t and title if applicable.				
		D DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
		D DIRECTORS	13. ETE 1.1 T		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	EEO		ETE 1.1 T		ADDITIONS/CHANGES TO OF	
TITLE NAME	MIDGETTE, RICHARD I. SR		ETE 1.1 T	TILE .	OED OHD ADDITIONS/CHANGES TO OF	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIDGETTE, RICHARD I. SR 504-50TH-ST WEST PALM-BCH-FL MOST VP MIDGETTE, VIRGINIA K 504-50TH-ST WEST PALM-BCH-FE MORRIS, WILLIE J	DEL Jucie, F134 Lucie, F134 Del Jucie, F1	## 1.1 T	ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	ADDITIONS/CHANGES TO OF OED a) Hvarte Way But Saint Lucic, To C! Hvarte Way Port Saint Lucic, I	Change Addition SChange Addition 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 adaction of the corporation of the corpo

SIGNATURE: