

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000038976 (5)

1. Corporation Name
RELiance REALTY INC.



Principal Place of Business
2603 NE 9TH AVE.
CAPE CORAL FL 33919

Mailing Address
2603 NE 9TH AVE.
CAPE CORAL FL 33909-2917

3. Date Incorporated or Qualified
05/26/1993

3a. Date of Last Report
03/13/1996

| | | | | | | | |
|--------------------------------|-----|---------------------|---------|---|-----|--|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0412893 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |

9. Name and Address of Current Registered Agent

MANKE, JAMES
2004 SW 36TH TERRACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANKE, JAMES E | 1.2 NAME | |
| STREET ADDRESS | 2004 SW 36 TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | (DAVID BARTON) | 2.2 NAME | BARTON, DAVID |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5716 PRINCEWOOD PKWY |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | | 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 | | 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 | | 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 | | 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 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.

SIGNATURE:

(Signature)

4-18-97 941.222 7020

CR2E034 (9/96)