


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000038976 (5)

1. Corporation Name  
RELiance REALTY INC.

Principal Place of Business

Mailing Address

2000 NE 9TH AVE.  
CAPE CORAL FL 33919

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CAPE CORAL FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

4. FEI Number

65-0412893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 917 SE 13th Ave

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CAPE CORAL, FL

28

Zip

Country

Zip

Country

24 33990

25 LEE

29

30

9. Name and Address of Current Registered Agent

MANKE, JAMES  
2004 SW 38TH TERRACE  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

N/A

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

TITLE	P	MANKE, JAMES E	<input checked="" type="checkbox"/> DELETE
NAME		2004 SW 38 TERRACE (FORGET - N/A)	
STREET ADDRESS		CAPE CORAL FL 33904	
CITY - ST - ZIP			
TITLE	S	BARTON, DAVID	<input checked="" type="checkbox"/> DELETE
NAME		5718 DARTWOOD PKWY	
STREET ADDRESS		CAPE CORAL FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	JAMES E. MANKE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		2004 S.W. 38th TERRACE	
1.3 STREET ADDRESS		CAPE CORAL, FL 33914	
1.4 CITY - ST - ZIP			
2.1 TITLE	S	BEVERLY J. MANKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2004 S.W. 38th TERR	
2.3 STREET ADDRESS		CAPE CORAL, FL 33914	
2.4 CITY - ST - ZIP			
3.1 TITLE	T	ANGELICA, MANKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		1718 SE 28th ST	
3.3 STREET ADDRESS		CAPE CORAL, FL, 33904	
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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.

SIGNATURE: *James E. Manke* JAMES E. MANKE 4/16/98 941-542-0722

CR2E034 (10/97)