

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000076466 (0)

1. Corporation Name

RELiance ASSOCIATES, INC.



Principal Place of Business

2120 RANGE ROAD  
CLEARWATER FL 34625

Mailing Address

2120 RANGE ROAD  
CLEARWATER FL 34625

3. Date Incorporated or Qualified  
10/27/1993

3a. Date of Last Report  
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 5145

22 City & State

27 Suite, Apt. #, etc.  
28 Clearwater FL

23 Zip Country

29 34618-5145 30 USA

4. FEI Number  
59-3213265

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SAITO, LEO F III  
1248 LAZY LAKE ROAD E.  
DUNEDIN FL 34698

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 obligation of, Section 607.0506, Florida Statutes.

SIGNATURE

*Michael Montana*

(Print Name of Agent or Signer in Block 10)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VS	SAITO, LEO F III	1248 LAZY LAKE ROAD E.	DUNEDIN FL	<input type="checkbox"/>
PTD	MONTANA, MICHAEL	2205 WINDSONG CT	SAFETY HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
12				<input type="checkbox"/>
13				<input type="checkbox"/>
14				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>
24				<input type="checkbox"/>
31				<input type="checkbox"/>
32				<input type="checkbox"/>
33				<input type="checkbox"/>
34				<input type="checkbox"/>
41				<input type="checkbox"/>
42				<input type="checkbox"/>
43				<input type="checkbox"/>
44				<input type="checkbox"/>
51				<input type="checkbox"/>
52				<input type="checkbox"/>
53				<input type="checkbox"/>
54				<input type="checkbox"/>
61				<input type="checkbox"/>
62				<input type="checkbox"/>
63				<input type="checkbox"/>
64				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ☒ Change ☐ Addition  
Saito, Leo F III  
2076 Backwater Trail  
Palm Harbor, FL 34685

14. ☐ Change ☒ Addition  
ST  
Flora, Elia F III  
4166 Ridge Moor Dr. No  
Palm Harbor, FL 34685

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Michael Montana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)