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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20 1997 8:00am Secretary of State

DOCUMENT #	* P93000085596 (3

RELIABLE MOTOR BROKER, INC.

Principal Place of Business 4112 W OSBORNE AVE SUITE 200 TAMPA FL 33614 US		Mailing Address 5122 BRYN MAWR DR APT. 3201 TAMPA FL 33624-2521 US	5122 BRYN MAWR DR APT. 3201 TAMPA FL 33624-2521		Date Incorporated or Qualified		
			•	12/10/1993	04/12/199		
	lace of Business	2a. Mailing Address		4. FEI Number	I	Applied For	
21 8540	N. DALE MADRY	HAY 26 5/22 BAYN	MAWA DA	59-321/3 21 <i>5</i> 9-321	4321	Not Applicable	
Suite, Apt 22	# etc	Suite. Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required	
City & Stat 23 + A	hpp PC	City & State	FL	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Z1/336/	9 Country U S		Country 30 U.S	This corporation has liability for in Florida Statutes		···	
*******	9. Name and Address of C	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Reg	gistered Agent	***************************************	
	ar moshe 6月2月	N MOSLE	81 Name	AZAR Musle			
ART	2 BRYN MAWR DR ≤8301 PA FL 33624		82 Street Add 5 1 2 2 83 84 City 1 0	ress (P.O. Box Number is Not Acceptab		Zip Çode	
Office or r	'egisterco agont or both, in the l	7.0502 and 607.1508, Florida Statute State of Florida Such change was a obligations of, Section 607.0505, Flor	uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changir t the appointment	ng its registered t as registered	
	Signature, typical or per head anne of negeter	red agent and lite if or plicable (NOTE	Registered Agent signature requ	uired when reinstaling)	DATE		
12.	OFFICER:	S AND DIRECTORS	13.	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
12.	OFFICER:		13. 1.1 TITLE				
12. 1 TLE NAME	OFFICER D GAZAR, MOSHE	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIREC		
12. 1 TLE NAME STREET ADORESS	OFFICER D Gazar, Moshe 5122 Bryn Mawr Dr	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIREC		
12. I TLE NAME STREET ADORESS CITY: ST-201	OFFICER D GAZAR, MOSHE	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		ERS AND DIREC	ige Addition	
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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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1.19.97 815.2307950

DOCUMENT # P93000085596 (3)

Procepal Piace of Business	Mailing Address		
4112 W OSBORNE AVE	5122 BRYN MAWR DR		
SUITE 200	APT. 3201		
TAMPA FL 33614 US	TAMPA FL 33624-2521 US		2 Pate la constant of Conference of Conferen
	00	•	3. Date Incorporated or Qualified 12/10/1993 3a. Date of Last Report 04/12/1996
2. Principa Piace of Business	2a. Mailing Address	11 . 6 . 1	4. FEI Number. Applied For
21 8540 NOTHLE MADRY HAY	26 5/22 BAYN	MAWA DA	59-321/321 59-321/432\ Not Applicable
Suite, Apt # etc /	Suile. Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	City & State		Election Campaign Financing \$5.00 May Be
23 +AMPA FC	28 TAMPA	FL	Trust Fund Contribution Added to Fees
Zip 1 CIU Country	7102 D COU	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 55 1/9 25 M S		10 U.S	Florida Statutes Yes No
9, Name and Address of Current R		81 Name/	10. Name and Address of New Registered Agent
	noshe	Name 6A	12AR Musle
5122 BRYN MAWR DR		82 Street Addr	ess (P.Q. Box Number is Not Acceptable)
TAMPA FL 33624		83 5122	BRYD MAUR DR
IAMPA PL 33024			
		84 City 1 0	85 Zip Code
11 Pursuant higher conversions of Spectrons 667 0609 o	ud 607 11.09 Florido Stotutos	TH1	PAD FL 33624 oration submits this statement for the purpose of changing its registered
i onice or registere agent or both, in the state of	riorida. Such change was au	ithorized by the corporati	consistency that statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent I am lamiliar with, and accept the obligatio	ns of, Section 607.0505, Flor	ida Statutes.	•
SIGNATURE Signature Type if or per his came of registered agent as	od har Lagger, Akla AMSTC	0	
12. OFFICERS AND D		Registered Agent signature require 13.	ad when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 THE D	DELETE	1.1 TITLE	Change Addition
NAME GAZAR, MOSHE		1.2 NAME	E orange E Audition
STREET ADDRESS 5122 BRYN MAWR DR		1.3 STREET ADDRESS	
CITY-S1-2(f) TAMPA FL		1.4 CITY - ST - ZIP	
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STREET ADORESS		2.3 STREET ADDRESS	
CITY-SI-ZII:		2.4 CITY - ST - ZIP	
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STREET ADDRESS		3.3 STREET ADDRESS	
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TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
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C(h - 5" - 20P		4.4 CITY-ST-ZIP	
TPLE	☐ DELFTE	5 t TITLE	Change Addition
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STREET ALCOHORS		5.3 STREET ADDRESS	
COY-SE ZIP		5.4 CITY · ST · ZIP	
THE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ACCIDENCE		6.3 STREET ADDRESS	
C(1) - S* 7(P	A to be file and the second	6.4 CITY-ST-ZIP	
 I do hereby certify that the information supplied w information indicated on this annual report or supplied. 	im mis filing obes not qualify	for the exemption stated	on Section 119.07(3)(i). Florida Statutes, I further certify that the