

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -3 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011718 (1)

1. Corporation Name

RELIABLE SERVICE BUREAU, INCORPORATED

Principal Place of Business

305 SOUTH ANDREWS AVENUE
SUITE 510
FORT LAUDERDALE FL 33301

Mailing Address

305 SOUTH ANDREWS AVENUE
SUITE 510
FORT LAUDERDALE FL 33301

200001475572
-05/04/95--01032--009
*****8.75 *****8.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1994

3a. Date of Last Report
2-11-94

2. Principal Place of Business

21 1126 S. Federal Hwy.

Suite, Apt., etc.
22 Suite 199

23 City & State
Ft. Lauderdale, Fl.

24 33316

2a. Mailing Address

26 1126 S. Federal Hwy.

Suite, Apt., etc.
27 Suite 199

28 City & State
Ft. Lauderdale, Fl.

29 33316

30 U.S.A.

4. FEI Number

65-0482335

Applied For

Not Applicable

5. Certificate of Status Desired

yes ~~no~~

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

No

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 120.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARLTON, BLAKE M ESQ.
1509 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Blake M. Carlton, Esq.

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 of Registered Agent (if Registered Agent is not a resident of Florida)

Signature of Registered Agent (if Registered Agent is a resident of Florida)

Date

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PVST
ARNOLD, JANICE L
305 S. ANDREWS AVENUE, SUITE 510
FORT LAUDERDALE FL 33301

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
ARNOLD, JANICE L
305 S. ANDREWS AVENUE, SUITE 510
FORT LAUDERDALE FL 33301

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
1126 S. Federal Hwy. Suite 199
Ft. Lauderdale, Fl. 33316

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
1126 S. Federal Hwy. Suite 199
Ft. Lauderdale, Fl. 33316

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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 110.07(1)(b), Florida Statutes. I further certify that the information included 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 of this annual report, or as an attachment with an address.

SIGNATURE:

Janice L. Arnold
Janice L. Arnold

4-25-95, 305-525-1818