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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011718

1. Corporation Name

RELIABLE SERVICE BUREAU, INCORPORATED

	•					
Principal Place of Business Mailing Address						((42/1/42) (12 12/1/ 2/6/1/ 24/1) billi dilli anni 112/1/2/ 112/1/2/
1126 S. FEDERAL HWY. 1126 S. FEDERAL HWY.						·
SUITE 119 SUITE 119						DO NOT WOITE IN THE CRACE
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316			16			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			_			02/11/1994
2. Principal Place of Business 2a. Mailing Address						4, FEI Number Applied For
21		26				65-0482335 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	8			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coul	1try		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
CARLTON, BLAKE M ESQ.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
1215 S.E. 2ND AVE.						
STE. 201				83		
FORT LAUDERDALE FL 33316			ŀ	84	City	■ 85 Zip Code
				- [•	FL
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						
				Agent	t signature requ	uired when reinstating) DATE DATE DATE
12.		D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ADMOUD IAMICE I					
NAME)	ARNOLD, JANICE L	00	1.2 NA			
STREET ADDRESS	1126 S. FEDERAL HWY. STE. 1	39	1.3 STREET ADDRES 1.4 CITY-ST-ZIP			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	□ DELETE	1.4 CIT	$\overline{}$	-ZIP	☐ Change ☐ Addition
TITLE	D ADMOUD MANICE I	. Operese	2.1 III 22 NA			· · · · · · · · · · · · · · · · · · ·
NAME	arnold, janice L 1126 S. Federal Hwy. Ste. 1	· .				
STREET ADDRESS	FT. LAUDERDALE FL 33316	39			ADDRESS	
CITY-ST-ZIP	FI. LAUDENDALE PL 33310	☐ DELETE	2. 4 Cf		I-ZIP	☐ Change ☐ Addition
TITLE			3.2 NA			
NAME					ADDRESS	
STREET ADDRESS	· ·					
CITY-ST-ZIP		☐ DELETE	3.4. CI 4.1 TIT		1-ZIP	☐ Change ☐ Addition
TITLE			4. 2 N			
NAME					ADDRESS	
STREET ADDRESS						. •
CITY-ST-ZIP		DELETE	4.4 CD 5.1 TIT		-217	[Change
TITLE	`	□ berrie	5.1 111 5.2 NA		ļ	
NAME					ADDRESS	
STREET ADDRESS			5.4 CD			
CITY-ST-ZIP			J.4 CI	1-31		

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, with all other like empowered.

6.1 TTTLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

3.8 新叶服用玩。

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP US

☐ DELETE

☐ Change

☐ Addition