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

PROFIT CORPORATION ANNUAL REPORT

1996



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

	Tien de-	
DOCUMENT #	P94000071833	(5)

1. Corporation Name

RELIANCE	ENTERPRISES,	INC.
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Principal Place of Business 2619 BISPHAM RD. SARASOTA FL 34231 Mailing Address

2619 BISPHAM RD. SARASOTA FL 34231



							3. Date Incorporated or Qualified 09/29/1994		te of Last I 05/01/19	
2. Principal P	lace of Busin	ess	2a. Mailing Address	\$			4. FEI Number		T	Applied For
21			26				65-0533342			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	ic.			5. Certificate of Status Desired			5 Additional Required
City & Stat 23	e		City & State				Election Campaign Financing     Trust Fund Contribution		•	00 May Be ed to Fees
Ζφ <b>24</b>		Country 25	Zıp	30 Cou	intry		This corporation has liability for Florida Statutes	intangible s No	tax under s	199.032,
	9. Name	and Address of Curr	ent Registered Agent		1		10. Name and Address of New	Registered	Agent	
					81	Name				
SOUKU	JP, THOMA	SH				a	0.0.0			
	ISPHAM RO				62	Street Addre	ss (P.O. Box Number is Not Accepta	DIe)		
	OTA FL 34				83					·
					[ ]					
					84	City		FI	. 85 Z	ip Code
or register	red agent, or ith, and acce	both, in the State of Fig	orida. Such change was aut oction 607.0505, Florida Sta	inorized by the d	orpor	ation's board	tion submits this statement for the pi d of directors. I hereby accept the app	DATE	is registere	d agent. I am
12.			ND DIRECTORS	13.		-g-4:0-5-040+00	ADDITIONS/CHANGES TO OF		D DIRECTO	OBS IN 12
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NAME	SOUKU	IP, THOMAS H	_	1.2 N		Ġ.	urup. Thomas He		CALL GALLINGS	
STREET ADDRESS	2619 B	ISPHAM RD.			IREET AD	Appece 24	ukup, Thomas H. 19 Bisphan Rd.			
CITY-ST-ZIP	SARAS					TUD C	tia compliant ca.			
TITLE			☐ DELETE		"Y-ST-7		41480ta, FL 34281		Change	Addition
NAME				22 N		Š,	T Survey eleganet		Change	☐ vacinon
STREET ADDRESS					REET AO	) )	orop, Sharon C.			
CITY-ST-ZIP						JUHESS A	oukup, Shatan L. 19 Bispham Rd 11256t4, FL 34231			
TITLE			☐ DELETE		Y-ST-		PAPOTA, PE OTASI		Change	☐ Addition
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14. I do hereb	y certify that	the information supplied	with this filing is voluntarily	furnished and	does n	not qualify for	the exemption stated in Section 119	.07(3)(k), FI	orida Statu	tes. I further

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 cath; 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 3 if changed, or on an attachment with an address.

SIGNATURE:

4/23/96 (941)924-2650