

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000087453 (4)**

1. Corporation Name

**RELIABLE RESALES ENTERPRISES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:06

Principal Place of Business

**2805 S UNIVERSITY DR  
SUITE 162  
DAVE FL 33328**

Mailing Address

**2805 S UNIVERSITY DR  
SUITE 162  
DAVE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/01/1984**

3a. Date of Last Report

2. Principal Place of Business

**21**

2a. Mailing Address

**25**

4. FEI Number

**65-0565337**

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22

27

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23

28

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes

Yes  No

24

Country

25

Country

30

9. Name and Address of Current Registered Agent

**NACCARI, WILLIAM  
2805 S UNIVERSITY DR  
SUITE 162  
DAVE FL 33328**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

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, Title or Printed Name of Registered Agent and Date of Appointment)

(NOTE: Registered Agent signature required when appointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D/P</b>
NAME	<b>NACCARI, WILLIAM</b>
STREET ADDRESS	<b>2805 S UNIVERSITY DR SUITE 162</b>
CITY, ST, ZIP	<b>DAVE FL 33328</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

14. I 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)(b), 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 changes, or on an attachment with an affidavit.

SIGNATURE:

*William Naccari*

WILLIAM NACCARI

5/31/95

(305) 877-6435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number