

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

DOCUMENT # P95000009792 (9)

1. Corporation Name

RELIANT CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

1840 WEST 49TH STREET
SUITE 510
HIALEAH FL

1840 WEST 49TH STREET
SUITE 510
HIALEAH FL

2. Principal Place of Business

2a. Mailing Address

21 4801 S. UNIVERSITY DR.

26 4801 S. University Dr.

65-0565790

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 233

27 Suite 233

City & State

City & State

23 Davie, FL.

28 Davie, FL.

24 Zip 33328

Country

25 Broward

29 Zip 33328

Country

30 Broward

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

4. FEI Number

65-0565790

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHERMAN, PAUL I
1840 WEST 49TH STREET
SUITE 510
HIALEAH FL

81 Name

Barry Mendelewicz

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

4801 S. University Drive

83

Suite 233

84 City

Davie

FL

85 Zip Code
33328

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, typed or printed name of registered agent, and title if applicable

Signature, typed or printed name of registered agent, and title if applicable

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVTD
NAME ALTMAN, ROBERT M
STREET ADDRESS 5850 S.W. 104TH ST.
CITY - ST - ZIP MIAMI FL 33156

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD
NAME MENDELEWICZ, BARRY
STREET ADDRESS 5400 S.W. 148TH AVE.
CITY - ST - ZIP FT. LAUDERDALE FL 33300

2.1 TITLE PSVTD ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Mendelewicz, President

954/680-7060

Date

Daytime Phone #

CR2E034 (12/95)