**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 # **P95000077489 (9)**

1. Corporation Name

**RELIABLE WHEELS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4905 NW 95TH AVE<br>SUNRISE FL 33351 | 4905 NW 95TH AVE<br>SUNRISE FL 33351 |

3. Date Incorporated or Qualified: **10/05/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 4650 SW 51ST STREET
Suite, Apt. #, etc.
22: SUITE 718
City & State
23: DAVIE FL
Zip 24: 33314 Country 25: USA

2a. Mailing Address
26: 4650 SW 51ST STREET
Suite, Apt. #, etc.
27: SUITE 718
City & State
28: DAVIE FL
Zip 29: 33314 Country 30: USA

4. FEI Number: 65-0610197 ☐ Applied For ☐ Not Applicable

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

**HOUSTON, PHILIP**
**4905 NW 95TH AVE**
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name: HOUSTON, PHILIP
82 Street Address (P.O. Box Number is Not Acceptable): 4650 SW 51ST STREET
83: SUITE 718
84 City: DAVIE FL 85 Zip Code: 33314

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: X [signature] PHILIP R. HOUSTON VICE PRESIDENT 03/22/96
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated.) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAUG, JAMES H<br>14230 HARPERS FERRY ST<br>DAVIE FL 33325 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOUSTON, PHILIP R<br>4905 NW 95TH AVE<br>SUNRISE FL 33351 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** X [signature] JAMES H HAUG 03/22/96 954/584-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #