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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000078327 (0)

1. Corporation Name

RELIABLE ADJUSTMENT BUREAU OF FLORIDA, INC.



Principal Place of Business

Mailing Address

14650 PARTHENIA STREET
SUITE 200
PANORAMA CITY CA 91402

14650 PARTHENIA STREET
SUITE 200
PANORAMA CITY CA 91402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1995

4. FEI Number

65-0636472

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 685 East Cochran Street

26 685 East Cochran Street

Suite, Apt. #, etc.
22 Suite #200

Suite, Apt. #, etc.
27 Suite #200

City & State
23 Simi Valley, CA

City & State
28 Simi Valley, CA

Zip Country
24 93065-1939 25 USA

Zip Country
29 93065-1939 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DEUTSCH, MELVIN
STREET ADDRESS 14650 PARTHENIA ST SUITE 200
CITY-ST-ZIP PANORAMA CITY CA 91402

11 TITLE Treasurer ☐ Change ☐ Addition
12 NAME Deutsch, Melvin
13 STREET ADDRESS 685 East Cochran Street Ste.#200
14 CITY-ST-ZIP Simi Valley, CA 93065-1939

TITLE D ☐ DELETE
NAME FOUST, JAMES P
STREET ADDRESS 535 W 130 ST
CITY-ST-ZIP LOS ANGELES CA 90061

21 TITLE Secretary ☐ Change ☐ Addition
22 NAME Foust, James P
23 STREET ADDRESS 535 West 130th Street
24 CITY-ST-ZIP Los Angeles, CA 90061

TITLE PST ☐ DELETE
NAME HARALSON, STEVE
STREET ADDRESS 14650 PARTHENIA ST SUITE 200
CITY-ST-ZIP PANORAMA CITY CA 91402

31 TITLE President, CEO ☐ Change ☐ Addition
32 NAME Haralson, Stephen O.
33 STREET ADDRESS 685 East Cochran Street
34 CITY-ST-ZIP Simi Valley, CA 93065-1939

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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. I changed or changed attachment with an address.

SIGNATURE:

President, CEO

4/28/98

CR2E034 (10/97)