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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

P95000088772 (5) **DOCUMENT #**

1. Corporation Name RELIABLE HOME SITTERS, INC.



11/20/1995	d Agent L 85 Zip Code
11/20/1995	Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s 199.032, DON'T THINK \$6 I Agent
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City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country R. This corporation has liability for intarpolet to Florida Statutes Yes Xip o D	Added to Fees tax under s 199.032, PONOT THINK 56 d Agent 85 Zip Code
Zip	tax under s 199.032, PONOT THINK 56 d Agent B5 Zip Code
9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 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 of or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signate Myed or protections characteristic agents and the state of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signate Myed or protections characteristic agents and travel later. DELETE 1.1 FILE MEDEROS, ROGELIO A 1.2 NAME MEDEROS, ROGELIO A 1.2 NAME MEDEROS, ROGELIO A 1.3 STREET ADDRESS 4001 SOUTH OCEAN DRIVE, UNIT 4G DELETE 1.4 CITY. ST. 2IP DELETE 2.3 TILLE NAME STREET ADDRESS CITY. ST. 2IP DELETE 2.3 STREET ADDRESS CITY. ST. 2IP DELETE 3.3 TILLE	d Agent
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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 chromatic registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment at familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byted or proble hands the provision for 10505, Florida Statutes. CNOTE Hagastered Agent aground have at what mediating). DATE DATE DELETE 1.11 FLE NAME MEDEROS, ROGELIO A STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AN TITLE DELETE 1.2 RAME TITLE DELETE 2.4 FILLE NAME AUGUST STATE TITLE DELETE 2.4 FILLE NAME 2.2 RAME STREET ADDRESS 2.4 CITY - ST ZP TITLE DELETE 3.4 TITLE TITLE DELETE 3.	L - '
11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above named constraint submits this statement for the purpose of characteristic agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment at familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature bytect or protect name of registered agent and the England Arm. CADIE Registered April segration of CHANGES TO OFFICERS AND DIRECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND TIME	_
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 076(kg), Florida Statutes, reaching the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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: