## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088772 (5)

RELIABLE HOME SITTERS, INC.

Principal Place of Business 4001 SOUTH OCEAN DRIVE, UNIT 4G HOLLYWOOD FL 33019

## **FILED** Apr 04 1997 8:00am Secretary of State

| Mailing Address  |  |                                    |  |  |  |  |
|--|--|------------------------------------|--|--|--|--|
| 4001 SOUTH OCEAN DRIVE. UNIT 4G<br>HOLLYWOOD FL 33019-3006 |  |                                    |  |  |  |  |
|  | 3. Date Incorporated or Qualified 11/20/1995 | 3a. Date of Last Report 04/25/1996 |  |  |  |  |

|   | Place of Business  | 2a. Mailing Address               |                   |   | 4. FEI Number  | Į                         | Appli                   | ied For               |  |
|---|--|-----------------------------------|-------------------|---|--|---------------------------|-------------------------|-----------------------|--|
| 21  |  | 26                                |                   | 65-0625547  |  | Not A                     | Applicable              |                       |  |
| Suite, Apr.                                 | .# etu   | Suite, Apt. #, etc.               |                   | 5. Certificate of Status Desired                      |  | .75 Add                   |                         |                       |  |
| City & Stat                                 | te   | City & State                      |                   | 6. Election Campaign Financing                        | \$!  | <b>5.00</b> м             | ay Be                   |                       |  |
| 23  |  | 28                                |                   |   | Trust Fund Contribution  |                           | dded to l               |                       |  |
| Ζφ<br><b>24</b>                             | Country Zip Country 25 29 30   |                                   |                   | у   | This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     Yes  No |                           |                         |                       |  |
|   | 9. Name and Address of Curr  |                                   | <u> </u>          |   | 10. Name and Address of New Regis  | tered Agent               |                         |                       |  |
| THE   | LAW FIRM OF LAWRENCE J   | SPIEGEL CHRTD                     | B1                | Name  |  |                           |                         |                       |  |
| 343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  |                                   | 82                | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                           |                         |                       |  |
|   |  |                                   | "                 | Street Address (F.O. Box Number is Not Addeptable)    |  |                           |                         |                       |  |
| 1   |  |                                   | 83                |   |  |                           |                         |                       |  |
| ı<br>I                                      |  |                                   | ļ                 |   |  |                           | O-                      |                       |  |
|   |  |                                   | 84                | City  |  | FL B5                     | Zip Co                  | ae                    |  |
| office or i                                 | to the provisions of Sections 607.0 registered agent or both, in the Starm familiar with, and accept the obline. | te of Florida, Such change was    | authorized b      | y the corpora   | poration submits this statement for the purp<br>ation's board of directors. I hereby accept the      | ose of change appointment | ging its r<br>ant as re | egistered<br>gistered |  |
| SIGNATURE                                   | Styriston , typedic reported name of a distortion  | agent and title it apparable. (NO | TE: Registered Aç | jent signature requi                                  | ired when reinstating)   | DATE                      |                         |                       |  |
| 12.   |  | ND DIRECTORS                      | 13.               |   | ADDITIONS/CHANGES TO OFFICER   |                           |                         |                       |  |
| TIT.E                                       | PSTD   | DELETE                            | 1.1 TITLE         |   |  | ☐ CI                      | hange [                 | Addition Addition     |  |
| NAME  | MEDEROS, ROGELIO A   |                                   | 1.2 NAME          |   |  |                           |                         |                       |  |
| STREET ADDRESS                              | 4001 SOUTH OCEAN DRIVE   | UNIT 4G                           | 1.3 STREE         | T ADDRESS   |  |                           |                         |                       |  |
| CHY-S1-ZIP                                  | HOLLYWOOD FL 33019   |                                   | 1.4 CITY-         | ST-ZIP  |  |                           |                         |                       |  |
| TITLE                                       |  | DELETE                            | 2.1 TITLE         |   |  | Ci                        | hange                   | Addition              |  |
| NAME  |  |                                   | 2.2 NAME          |   |  |                           |                         |                       |  |
| STREET ADDRESS                              | )  |                                   | 2.3 STREE         | T ADDRESS   |  |                           |                         |                       |  |
| CITY - ST - ZIP                             |  |                                   | 2. 4 CITY-        | ST-ZIP  |  |                           |                         |                       |  |
| TifeE                                       |  | ☐ DELETE                          | 3.1 TITLE         |   |  | CI                        | hange                   | Addition              |  |
| NAME  |  |                                   | 3.2 NAME          |   |  |                           |                         |                       |  |
| STREET ADORESS                              | }  |                                   | 3.3 STREE         | T ADDRESS   |  |                           |                         |                       |  |
| CHY-S1_ZiF                                  |  |                                   | 3.4. CITY-        | ST-ZIP  |  |                           |                         |                       |  |
| 1:11.5                                      |  | ☐ DELETE                          | 4.1 TITLE         |   |  | ☐ CI                      | nange                   | Addition              |  |
| NAME  |  |                                   | 4. 2 NAMI         |   |  |                           |                         |                       |  |
| STREET ADDRESS                              |  |                                   | 4.3 STREE         | T ADDRESS   |  |                           |                         |                       |  |
| CITY - ST - ZiP                             |  |                                   | 4.4 CITY-         | ST-ZIP  |  |                           |                         |                       |  |
| 11116                                       | ]  | DELETE                            | 5.1 TITLE         |   |  | CI                        | hange                   | Addition              |  |
| NAME:                                       |  |                                   | 5.2 NAME          |   |  |                           |                         |                       |  |
| STREET ADDRESS                              |  |                                   | 5.3 STREE         | T ADDRESS   |  |                           |                         |                       |  |
| CHY+S1+ZIP                                  | 1  |                                   | 5.4 CITY-         | ST-ZIP  |  |                           |                         |                       |  |
| 1016  |  | DELETE                            | 6.1 TITLE         |   |  | CI                        | nange                   | Addition              |  |
| NAME  |  |                                   | 6.2 NAME          |   |  |                           |                         |                       |  |
| STREET ADDRESS                              |  |                                   | 6.3 STREE         | 1 ADDRESS   |  |                           |                         |                       |  |

6.4 CITY - ST - ZIP 14. I do 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 and cated 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: ROGELIO A. MEDEROS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR