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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013147

1. Corporation Name

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90095 012 ***150.00

RELIANC	E DEVELOPMENT CORPOR	RATION							
		Mailing Address				- !			
Principal Place	•	Mailing Address							
		1100 PONCE DE LEON BLV CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE			
		•					E IN THIS	SPACE	<u> </u>
	•					3. Date Incorporated or Qualifed 02/12/1996		•	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0726316		_ I	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	П	+ - · · ·	Additional
22		27				3. Certificate of States Desired		Fee F	tequired
City & State	e ·	City & State				6. Election Campaign Financing			May Be
23	·	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	Ŋ		8. This corporation owes the curre	ent year Inta		
24	25		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent	8	4 N		10. Name and Address of New R	egistered A	.yent	
1151	MANI MAVNADO !		8	1 Nar	ri¢				
	lman, maynard J) Ponce de Leon Blvd.		8	2 Stre	et Addre	ess (P.O. Box Number is Not Accepta	ble)	•	
COR	AL GABLES FL 33134		8	3	.				
	a de estado de e		8	4 City	, -			85 Zip	Code
			1	1 '			FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-nam	ed compo	pration submits this statement for the	purpose of o	changing it	s registered
11. Pursuant office or nagental a	to the provisions of Sections 607.050, egistered agent, or both in the State of Taylifar with, and accept the obligations of the state						purpose of of the appoint	changing it itment as r	s registered egistered
	to the provisions of Sections 607.050; egistered agent, or both in the States or farrillar with, and accept the obligat separate, typed or printed name of required and OFFICERS AN	and title if applicable. (NOTE:				oration submits this statement for the n's board of directors. I hereby accept when reinstating) ADDITIONS/CHANGES TO OFF	DATE .		
SIGNATURE	Signature, typed or printed name of registered a	and title if applicable. (NOTE:	Registered Aç	ent signat		when reinstating)	DATE .		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered spongers of the printed name of registered sp	D DIRECTORS	Registered Ac	ent signat		when reinstating)	DATE .	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND DPS HELLMAN, MAYNARD J	D DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signat	ure required	when reinstating)	DATE .	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered spongers of the printed name of registered sp	D DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signat	ure required	when reinstating)	DATE .	D DIRECT	ORS IN 12
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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 receives 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 affecting it with an address, with all other like empowered.

SIGNATURE: