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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048347 (4)

RELIABLE AND READY RESOURCES, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



6506 CONTEMPO LANE 6506 CONTEMPO LANE BOCA RATON FL 33433-6635 **BOCA RATON FL 33433-6635** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 5285 MONTERLY CLACKE MONTEREY CIRCLE 65-0668858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent FRIEDMAN, EDWARD S 6506 CONTEMPO LANE LON FRE BOCA RATON FL 33433-6635 83 M BEHCH local states, the above-named corporation submits this statement for the purpose of changing its registered for was authorized by the corporation's board of directors. I hereby accept the appointment as registered 107.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent, I am familier with and ORESIDE NI SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE EDWARD S. FRIEDMA NAME FRIEDMAN, EDWARD S. 1.2 NAME 5285 MONTERRY CIECUE STREET ADDRESS 6506 CONTEMPO LANE 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 5.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with indicated on this annual report or suppliements officer or director of the corporation or the scene Block 12 or Block 13 if changed or on a state of the second supplies t for qualify for the exemptical stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and inat my signature shall have the same legal effect as if made under oath; that I am an powered the same in the same i

SIGNATURE: