

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90189 046 ***150.00

DOCUMENT # P96000048347

1. Corporation Name

RELIABLE AND READY RESOURCES, INC.

Principal Place of Business

5285 MONTEREY CIRCLE
#64
DELRAY BEACH FL 33484
US

Mailing Address

5285 MONTEREY CIRCLE
#64
DELRAY BEACH FL 33484
US

2. Principal Place of Business

21 8729 EAGLE RUN DR
Suite, Apt. #, etc.

2a. Mailing Address

26 8729 EAGLE RUN DR
Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL
Zip Country

24 33434 25 USA

27 City & State

28 BOCA RATON, FL
Zip Country

29 33434 30 USA

9. Name and Address of Current Registered Agent

FRIEDMAN, EDWARD S
5285 MONTEREY CIRCLE
#64
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0668858

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 the current year intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

FRIEDMAN, EDWARD S

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

8729 EAGLE RUN DRIVE

83

84 City

BOCA RATON

FL

85 Zip Code

33434

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

EDWARD FRIEDMAN

4-26-99

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRIEDMAN, EDWARD S
STREET ADDRESS 5285 MONTEREY CIRCLE, #64
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD FRIEDMAN

Date

4-26-99 561-6000000

Daytime Phone #

CR2E034 (11/98)

0361791