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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100617 (5)

RELIABLE PROPERTY MANAGEMENT CO.

Principal Place of Business

Mailing Address

## **FILED** Apr 24 1998 8:00am Secretary of State



1617 PINELLA BELLEAIR FL		1617 PINELLAS RD BELLEAIR FL 34616		•	DO NOT WRIT Date Incorporated or Qualified 01/01/1997	E IN THIS SPACE	
	ace of Business	2a. Mailing Address	<del> </del>	4. F	El Number		Applied For
	Almetto Rol.	26 PD. Box 15/6			<u> 59-3416208</u>		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. (	Certificate of Status Desired	1 1 '	75 Additional Required
City & State 23 Belle		City & State  28 Lago, FL		•-	lection Campaign Financing rust Fund Contribution		00 May Be led to Fees
Zip 24 <b>3</b> 375			Country O Pivellas	F	his corporation owes or has p Personal Property Tax due Jun	e 30. 🔃 Yes	r Intangible  No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent							
	NOLD, WAYNE R		81 Nam	" Way	INE R. ARNOLD		
1617 PINELLAS RD				et Address (P.0	D. Box Number is Not Accepta	able)	
BELLEAIR FL 34616				107 PAIM	utto Rd		· · · · · · · · · · · · · · · · · · ·
			83				
			84 City	Bellenin	. El	FL  85	Zip Code <b>33756</b>
11. Pursuani t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-name	ed corporation	submits this statement for the	nurgose of changing	na 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 .	Signature, typed or printed name of registered ager	it and title if applicable (NOTE)	Registered Agent signat			DATE	
12.	OFFICERS AND		13.		DDITIONS/CHANGES TO OFF		
TITLE	D ADMOND WAYANT D	DELETE	1.1 TITLE	Preside	D devold	Char	ige Addition
NAME	ARNOLD, WAYNE R		1.2 NAME	WHYNE	R. ARNOld with Rd.		13
STREET ADDRESS	1617 PINELLAS RD		1.3 STREET ADDRES	S 407 MIN	610 kg . FL 33756		
CITY-ST-ZIP TITLE	BELLEAIR FL 34616	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE	Belleair,	PL 33 130	<b>☑</b> Char	ige Addition
NAME	ARNOLD, SUSAN A	- peccie	2.2 NAME	Cucasia	ARNOLD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	1617 PINELLAS RD		2.3 STREET ADDRES	S 407 Pal	metto Rd.		
CITY-ST-ZIP	BELLEAIR FL 34616		2.4 City-St-ZiP	Bellenir			
TATLE .	DECEDANT LE 01010	DELETE	3.1 TITLE	, section,	1 - 33130	☐ Char	ige Addition
NAME		_	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRES	ıs İ			
CITY-ST-ZIP			3.4. CITY - ST - ZIP				1
TITLE		☐ DELET <b>e</b>	4.1 TITLE			☐ Char	ige Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRES	is			1
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELE <b>TE</b>	5.1 TITLE			☐ Char	ige L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	S			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			·····	4 4 200
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRES	is			
CITY-ST-ZIP	ertify that the information supplied wi	th this filing does not guest. for	6.4 CITY-ST-ZIP	ated in Section	.110 07/3Vi) Elorida Statutos	I further certify that	the information

Interest comy that the information supplies with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further comy 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.