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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name.



DOCUMENT # P96000100617

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 038 \*\*\*150.00

RELIABLE	e property managemen	T CO.								
Principal Place	e of Business	Mailing Add	Iress	_			***************************************	#4.4/ 11911 8		
407 PALMETTO RD P O BOX 1516										
BELLEAIR FL 33756 LARGO FL 33779										
us us		บร					DO NOT WRIT	E IN THIS	SPACE	
						_	3. Date Incorporated or Qualifed 01/01/1997	_	1 .	
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number		سنداست	plied For
21		26				_	59-3416208			t Applicable
Suite, Apt. #, etc.			pt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	
22	·	27	Vinta -			<del></del>			· · · - · · -	<del></del> =
City & State	e .	City & S	งเลเช				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
23 Zip	Country	<b>28</b>		Cour	ntrv	<del></del>	8. This corporation owes the curre	ent veer let		
Zip	25	29		30	,		Personal Property Tax.	unic your mile	Yes	□No
24	9, Name and Address of Curren		ent	[30]		_	10. Name and Address of New R	egistered	Agent	
			<u> </u>	.	81	Name				
	OLD, WAYNE R			}	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	PALMETTO RD				62	Oneer Muure	see (1 .O. DOX 14011106) to 1401 Accepta	,		
BELL	EAIR FL 33756				83			-		
				ļ	84	City	<u> </u>		85 Zip (	Code
					04	City		FL	.     `	- 1
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agent. I at	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, of Florida. Such of tions of, Section i	Florida Statut change was a 607.0505, Flo	es, the at uthorized rida Statu	bove-r by thutes.	named corpo he corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of t the appoin	changing its ntment as re	registered gistered
agent. I at SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section	607.0303, FIO	ijua Statu	ues.		oration submits this statement for the n's board of directors. I hereby accept when reinstating)	purpose of t the appoint	changing its ntment as re	registered gistered
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P ARNOLD, WAYNE R 407 PALMETTO RD BELLEAIR FL 33756	nt and title if applicable.	(NOTE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CI	Agent s TLE TME TY-ST-2 TLE	signature required	when reinstating}	DATE	ID DIRECTO	ORS IN 12
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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: