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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90136 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000056357

1. Corporation Name
RELIABLE LOAN CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O SHELDON ENGELHARD, THE PLAZA, STE. 801, 5355 TOWN CNTR. ROAD, BOCA RATON FL 33486
 Mailing Address: C/O SHELDON ENGELHARD, THE PLAZA, STE. 801, 5355 TOWN CNTR. ROAD, BOCA RATON FL 33486

3. Date Incorporated or Qualified
06/25/1997

2. Principal Place of Business: 21
 2a. Mailing Address: 26

4. FEI Number: **65-0763554**
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:
 \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution:
 \$5.00 May Be Added to Fees

Zip: 24 Country: 25

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ENGELHARD, SHELDON ESQ.
THE PLAZA, SUITE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P ENGELHARD, SHELDON
STREET ADDRESS	5355 TOWN CENTER RD, STE 801
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> DELETE
NAME	S MAIZES, ISAAC
STREET ADDRESS	5355 TOWN CENTER RD., STE 801
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/99 561/750-7601
 Date Daytime Phone #

CR2E034 (1/198)