PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000103248 1. Corporation Name

RELIABLE MFG., INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90036 026 \*\*\*150.00



Principal Place	of Business	Mailing Address						#1## (SICE (IB)I	ALBAN FOLLIABL
34 PURITEN RO VEST PALM BEA	- · · · · · · · · · · · · · · · · · · ·	534 PURITEN ROAD West Palm Beach FL 33406				DO NOT WRITE IN THIS	S SPACE		
						ŀ	3. Date Incorporated or Qualifed		
						ļ	12/11/1998		ļ
2 Principal D	lace of Business ,	2a. Mailing Address	-,				4. FEI Number		Applied For
21 (53 LL	DIZOITAN RD.	26 534 PURITA	1√		Rd,		65-0887230	<b>⊢</b>	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	,		~				Additional
22		27					5. Certifcate of Status Desired	•	Required
City & Stat	PALM BEACH, 7L.	City & State	AC	# ,	FL	_	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 33 -	F0.5 Country	Zip 33 + 05 30	Cou	intry			This corporation owes the current year fr Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Registered	Agent	
				81	Name				{
SCHNUR, BRUCE				82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
	URITEN ROAD 534	PURITAN.	J July Street Add			104,00			~.
WEST	PALM BEACH FL 33405 🧪	مرست سين		83			<u> </u>		
				84	City			.   85   Zip	Code
				••	City		Fi	_   00	, 5055
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.									ts registered registered
SIGNATURE									
	Signature, typed or printed name of registered agent		_	Agent :	signature re-	quired w	when reinstating) DATE	ND DIDEOI	
12.	OFFICERS AND	OFFICERS AND DIRECTORS		13.		.,	ADDITIONS/CHANGES TO OFFICERS A	Change	
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NAME !			1.2 N			27	102 SPLING CREET ET.		ļ
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STREET ADDRESS			2.00						

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 attackment with an address, with all other like empowered.

SIGNATURE:

561 588 3131