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



PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Apr 23 1997 8:00am Secretary of State
DOCUMENT # S95114 RELIABLE FINANCIAL SERVICES, INC.	(2)	T HEBUTATE THE HERET BERKET HINGEN TIGHT BERKE BURKET BY BURKET BY BURKET BY BURKET BY BURKET BY BURKET BY BURKET

	1997	DIVISION OF COR	RPORATIC	NS		2	
DOCUI	MENT # S95114	(2)	·,				
RELIABLI	E FINANCIAL SERVICES, II	NC.					
Principal Place	o of Business	Mailing Address					// 2 00 0/0/0 100 0
336 ADAIR STR		P.O. BOX 380909					
PORT CHARLOT		MURDOCK FL 33938-0909					
		US			3. Date Incorporated or Qualified	3a. Date of La	et Penort
					11/19/1991	04/15/199	
2. Principal P.	ace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			65-0299591		Not Applicable
Suite, Apt	#, elc	Suite, Apt. #. etc.			5. Certificate of Status Desired		75 Additional e Regulred
City & State	C C	City & State		······································	6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zφ	Country	Zip	Country		8. This corporation has liability for		ler s. 199.032,
24	25	29 30	<u> </u>			Yes No	
EIEN	Name and Address of Curre LER, RAYMOND W.	ni Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	ADAIR STREET						
	T CHARLOTTE FL 33954		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
			83		The state of the s		
			84	City		85	Zip Code
78.74				•		FL ' '	
11. Pursuant office or r	to the provisions of Sections 607.056 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, e of Florida. Such change was autl	the above horized by	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changi of the appointmer	rig its registered it as registered
agent. La	m familiar with, and accept the oblig	jations of, Section 607.0505, Florid	la Statutes	3 .			_ [
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE: R	egistered Age	nt signature requ	ulred when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TIME .	PD Fiedler, raymond W.	☐ DELETE	1.1 TITLE	İ		∐] Cha	nge 🗀 Addition
NAME	336 ADAIR STREET		1.2 NAME				1
STHEET ADDRESS	PORT CHARLOTTE FL		1.3 STREET				
CiTY - ST - ZIP TITLE	STD	DELETE	1.4 CITY - S 2.1 TITLE	1-211		Cha	nge Addition
NAME	FIEOLER, RONI J.	_	22 NAME		•		
STREET ADDRESS	336 ADAIR STREET		23 STREET	ADDRESS			į
(01Y S1-7IP	PORT CHARLOTTE FL		2 4 CITY-5	ST-ZIP			
Tillé		☐ DELETE	3.1 TITLE			☐ Cha	nge 🗀 Addition
NAME.			3,2 NAME				
STREET ADDRESS CITY: ST: 7IP			3.3 STREET 3.4. CITY-S	1			
TI'LE		DELETE	4.1 TITLE	,, <u>L1</u>		Cha	nge Addition
NAME			4. 2 NAME	[1
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S	T-ZIP			
10 LF		DELETE	5.1 TITLE			☐ Cha	nge Addition
NAME CANCEL ADODUCE			52 NAME	ADDDECC	i		
STREET ADDRESS			5.3 STREET		č		
CHY-ST Zif		DELETE	5.4 CITY - S 6.1 TITLE	1-217		Cha	nge Addition
NAME			6.2 NAME				
STREET ACCINESS			6.3 STREET	AODRESS			ļ
C:TY - ST - ZIP	Ì		6,4 CITY - S	T-ZIP			

14. I do 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 poort or supplymental arrival report strue 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 conformation or the giver or brate provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or

SIGNATURE:

Raymond W. Fiedler President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

(941)627-9993

FILED