

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V63384  
1. Corporation Name

RELIABLE REPAIRS, INC.

Principal Place of Business

Mailing Address

12270 S.W. 117 Ct.

Miami, Fl. 33186

Same

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
Sept. 11, 1992

4. FEI Number 65-0354045

Applied For  
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

Robert M. Donlon, Esq.  
1645 Palm Beach Lakes Blvd.  
Suite 800  
West Palm Bch. Fl. 33401-2264

81 Name Dale C. Glassford, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
13888 S.W. 139 Ct.

83

84 City Miami

FL

85 Zip Code 33186

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 *Dale C. Glassford, Esq.*

(NOT Registered Agent signature required when reinstating)

DATE

3-18-98

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | S, V, D <input type="checkbox"/> DELETE |
| NAME                       | Leslie Connor                           |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                | 12270 S.W. 117 Ct Miami, Fl 33186       |
| TITLE                      | P, D, T <input type="checkbox"/> DELETE |
| NAME                       | Seth Connor                             |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                | 12270 S.W. 117 Ct. Miami, Fl. 33186     |
| 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 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY-ST-ZIP  |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY-ST-ZIP  |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY-ST-ZIP  |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY-ST-ZIP  |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY-ST-ZIP  |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 64 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.

SIGNATURE: Seth Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/98

(305) 233-7172

CR25034 (10/97)