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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 831409**

1. Corporation RENNER	T INVESTMENTS LIMITED					
Principal Place	• • • • • • • • • • • • • • • • • • • •	Mailing Address			<u> </u>	
C/O ZITTRER. SIBLIN.STEIN LEVINE. C/O ZITTRER. SIBLIN.STEIN L PLACE ALEXIS NIHOW. 15TH FLOOR 1 PLACE ALEXIS NIHOW. 15T						
MONTREAL, QUEBEC CAN H3Z3E8 MONTREAL, QUEBEC CAN H3		3 23E 8	DO NOT WRITE IN THIS SPACE		ı	
	_			3. Date Incorporated or Qualifed 12/10/1973		
9 Dringing D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Z. Finicipal.Fi	iace of Business	26		98-0017914	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27		5. Certificate of Status Desired	Fee Required	
City & State	6	City & State	•	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
_ Ziρ ─	Country	Zip	Country	8. This corporation owes the current year	r intangible ☑ Yes ☐ No	
!4[25	29 3	0]	Personal Property Tax. 10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent	•
CT	CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND ROAD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		83			
					·	
			84 City	i	FL 85 Zip Code	
office or r	naistered agent or both in the State o	of Florida. Such change was auti	honzed by the comorat	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered	
agent. I a	m tamiliar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.			
agent. I a		ons of, Section 607.0505, Florid				
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature requir	red when reinstating) DAT	E	160
agent. I a SIGNATURE 12.		and title if applicable. (NOTE: R			E	100,77
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	tegistered Agent signature require	red when reinstating) DAT	E S AND DIRECTORS IN 12	144,000
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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 truetee empowered to execute this report as required by the same statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, which all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP