

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H23661** (2)

1. Corporation Name
TRAUNER CORP.



Principal Place of Business: % JOHN RENUART, 1026 HARDEE RD, CORAL GABLES FL 33146
Mailing Address: % JOHN RENUART, 1026 HARDEE RD, CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/02/1984
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-2474912
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23), 2a. Mailing Address (26-30), 24-25 Country, 29-30 Country

9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent

RENUART, JOHN
1026 HARDEE RD
CORAL GABLES FL 33146

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 607.1503, 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *John R. Renuart* (Signature), DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------|---|---|---|
| TITLE: P | NAME: RENUART, JOHN R. | 1. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1026 HARDEE RD. | CITY-STATE-ZIP: CORAL GABLES FL | 2. NAME: | |
| TITLE: VP/S | NAME: Renuart, Melinda W. | 3. STREET ADDRESS: | |
| STREET ADDRESS: 1026 Hardee Road | CITY-STATE-ZIP: Coral Gables, Florida 33146 | 4. CITY-STATE-ZIP: | |
| TITLE: | NAME: | 5. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 6. NAME: | |
| TITLE: | NAME: | 7. STREET ADDRESS: | |
| STREET ADDRESS: | CITY-STATE-ZIP: | 8. CITY-STATE-ZIP: | |
| TITLE: | NAME: | 9. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 10. NAME: | |
| TITLE: | NAME: | 11. STREET ADDRESS: | |
| STREET ADDRESS: | CITY-STATE-ZIP: | 12. CITY-STATE-ZIP: | |
| TITLE: | NAME: | 13. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 14. NAME: | |
| TITLE: | NAME: | 15. STREET ADDRESS: | |
| STREET ADDRESS: | CITY-STATE-ZIP: | 16. CITY-STATE-ZIP: | |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and in any agreement with an address.

SIGNATURE: *John R. Renuart* John R. Renuart 1/30/96

CR2E034 (12/95)