

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060872 (5)**

1. Corporation Name
REN TRURO CORP.



Principal Place of Business: **330 CLEMATIS STREET, SUITE #218 W. PALM BEACH FL 33401**
Mailing Address: **330 CLEMATIS STREET, SUITE #218 W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **08/07/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 222 Clematis Street	26. 222 Clematis Street	65-0610908	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. West Palm Beach, FL	28. West Palm Beach, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	9. Name and Address of Current Registered Agent	
24. 33401	25. Palm Beach	29. 33401	
30. Palm beach	10. Name and Address of New Registered Agent		

MACCONNELL, JOHN
330 CLEMATIS STREET, SUITE #218
W. PALM BEACH FL 33401

81. Name: **MacConnell, John**
82. Street Address (P.O. Box Number is Not Acceptable): **222 Clematis Street**
83. City: **West Palm Beach** **FL** 85. Zip Code: **33401**

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: *John MacConnell*

DATE: **4-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President ; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKEN, ANDREW M	1.2 NAME	Aiken, Andrew M.
STREET ADDRESS	145 SEAGATE ROAD	1.3 STREET ADDRESS	145 Seagate Road
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Sec. - Treasurer ; Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBIE, DAVID W	2.2 NAME	Frisbie, David W
STREET ADDRESS	1016 HARBOR DRIVE	2.3 STREET ADDRESS	222 Clematis Street
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCONNELL, JOHN	3.2 NAME	
STREET ADDRESS	215 ARABIAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President ; Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Frisbie, Robert N.
STREET ADDRESS		4.3 STREET ADDRESS	6101 Sheaff Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Washington, PA 19034
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: *Andrew M. Aiken*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew M. Aiken President & Director

DATE: **4-19-96** PHONE: **407-832-6420**

CR2E034 (12/95)