


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

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May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **670073** (6)

1. Corporation Name  
**THE RENAISSANCE GROUP, INC.**



Principal Place of Business <b>1197 W NEWPORT CTR DR DEERFIELD BCH FL 33442 US</b>	Mailing Address <b>1197 W NEWPORT CTR DR DEERFIELD FL 33442-7732 US</b>
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3. Date Incorporated or Qualified <b>05/13/1980</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>59-2050915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent  
**LEIBY, LARRY R.  
LEIBY FERENCIK LIBANOFF & BRANDT  
150 S PINE ISLAND ROAD, STE 400  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> DELETE
NAME	<b>PIERSON, GLENN N.</b>
STREET ADDRESS	<b>314 NE 7TH AVE</b>
CITY - ST - ZIP	<b>DELRAY BCH FL</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>WINDLER, CYNTHIA</b>
STREET ADDRESS	<b>1331 VANBUREN ST</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	<b>STEINKE, IVAN</b>
STREET ADDRESS	<b>1150 S 29TH AVE</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, TO</b>
STREET ADDRESS	<b>663 HOLLOWES CIRCLE</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	<b>FORMES, JOHN J. JR</b>
STREET ADDRESS	<b>50 SOUTHEAST 12TH ST #159</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	<b>ZACHER, RICHARD A</b>
STREET ADDRESS	<b>1360 SOUTHWEST 12TH TERR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1080 NW 3 Street</b>
1.4 CITY - ST - ZIP	<b>Boca Raton, FL</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2551 Rock Island Rd, #112</b>
2.4 CITY - ST - ZIP	<b>Margate, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Davidson, Tom</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>Czaczyk, Leslaw</b>
5.4 CITY - ST - ZIP	<b>817 S Palm Way</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>Lake Worth, FL</b>
6.4 CITY - ST - 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 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 *Cynthia Windler* **Cynthia Windler** Secretary/Treasurer 04/28/97 954/422-5752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)