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Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 670073 (6)
1. Corporation Name
THE RENAISSANCE GROUP, INC.

Principal Place of Business
1197 W NEWPORT CTR DR
DEERFIELD BCH FL 33442
US

Mailing Address
1197 W NEWPORT CTR DR
DEERFIELD FL 33442
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1195 W NEWPORT CIR DR Suite, Apt. #, etc. 22 City & State DEERFIELD BEACH FL 23 Zip 33442 Country US		2a. Mailing Address 26 1195 W NEWPORT CIR DR Suite, Apt. #, etc. 27 City & State DEERFIELD BEACH FL 28 Zip 33442 Country US		3. Date Incorporated or Qualified 05/13/1980 4. FEI Number 59-2050915 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	PIERSON, GLENN N.	1.2 NAME	
STREET ADDRESS	1080 NW 3RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST
NAME	WINDLER, CYNTHIA	2.2 NAME	TAYLOR, CYNTHIA
STREET ADDRESS	2551 ROCK ISLAND RD., #112	2.3 STREET ADDRESS	3617 STRATTON LANE
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33462
TITLE	V	3.1 TITLE	
NAME	DAVIDSON, TOM	3.2 NAME	
STREET ADDRESS	863 HOLLOWES CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CZACZYK, LESLAW	4.2 NAME	
STREET ADDRESS	817 S. PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

Cynthia Taylor, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/98

954/428-4536

Date

Daytime Phone #

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CR2E034 (10/97)