

AMENDED
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 670073
1. Corporation Name
TE RENAISSANCE GROUP, INC.

Principal Place of Business Mailing Address
1195 W Newport Ctr Dr 1195 W Newport Ctr Dr
Deerfield Bch FL 33442 Deerfield Bch FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1980	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEL Number 59-2050915	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent

LEIBY, LARRY R.
LEIBY CONSTRUCTION LAW FIRM
8551 S. Pine Island Road, Suite 400
Plantation, FL 33322

10. Name and Address of New Registered Agent

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 607.1508, 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 <input type="checkbox"/> DELETE	1.1 TITLE	200002720522 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pierson, Glenn N.	1.2 NAME	-12/23/98-01038-008
STREET ADDRESS	1080 NW 3 Street	1.3 STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	Boca Raton, FL 33486	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Cynthia A.	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4975 Pelican Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coconut Crk, FL 33073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	Czaczyk, Leslaw	3.2 NAME	
STREET ADDRESS	817 Palm Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33460	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Scarfo, Dominick
STREET ADDRESS		4.3 STREET ADDRESS	1620 NW 11 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Goral Springs, FL 33071 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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
Cynthia Taylor, Secretary

12/15/98

954/428-4536

Date

Daytime Phone #

CR2E034 (5/98)