

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 043 ***158.75

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DOCUMENT # 670073

1. Corporation Name

THE RENAISSANCE GROUP, INC.

Principal Place of Business

1195 W NEWPORT CIR DR
DEERFIELD BEACH FL 33442
US

Mailing Address

1195 W NEWPORT CIR DR
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1980

4. FEI Number

59-2050915

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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)
Leiby Construction Law Firm

83 8551 S. Pine Island Road, Suite 400

84 City **Plantation**

FL

85 Zip Code
33322

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** ☐ DELETE
NAME **PIERSON, GLENN N.**
STREET ADDRESS **1080 NW 3RD STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **ST** ☐ DELETE
NAME **TAYLOR, CYNTHIA**
STREET ADDRESS **3617 STRATTON LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **V** ☒ DELETE
NAME **DAVIDSON, TOM**
STREET ADDRESS **663 HOLLOWES CIRCLE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **V** ☒ DELETE
NAME **CZACZYK, LESLAW**
STREET ADDRESS **817 S. PALM WAY**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4975 Pelican Street**
2.4 CITY-ST-ZIP **Coconut Creek, FL 33073**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Scarfo, Dominick**
5.3 STREET ADDRESS **1620 N. W. 11 Avenue**
5.4 CITY-ST-ZIP **Coral Springs, FL 33071**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Cynthia Taylor
Cynthia Taylor
Secretary/Treasurer

1/6/99

954/428-4536

Date

Daytime Phone #

CR2E034 (11/98)