

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90027 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 670106**

1. Corporation Name

**RENU PROPERTIES, INC.**

Principal Place of Business

1357 N.E. OCEAN BLVD  
 APT 214  
 STUART FL 34996  
 US

Mailing Address

1357 N.E. OCEAN BLVD  
 APT 214  
 STUART FL 34996  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1980

4. FEI Number

59-2004435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be**  
**Added to Fees**

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DRAKE, RONALD S.**  
**1950 PALM CITY ROAD**  
**BLDG. 8 APT 102**  
**STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **Claudia Geer**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1357 N.E. OCEAN BLVD. APT 214**  
 83  
 84 City **STUART** FL 85 Zip Code **34996**

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

*Claudia Geer*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRAKE, RONALD S.	
STREET ADDRESS	1357 N.E. OCEAN BLVD. APT 214	
CITY-ST-ZIP	STUART FL 34996	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DRAKE, RONALD S.	
STREET ADDRESS	1357 N.E. OCEAN BLVD. APT 214	
CITY-ST-ZIP	STUART FL 34996	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DRAKE, RONALD S.	
STREET ADDRESS	1357 N.E. OCEAN BLVD. APT 214	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ronald S. Drake*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 1, 1999 (561)-225-6830  
 Date Daytime Phone #

CR2E034 (1198)