

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 706174 (0)

1. Corporation Name
RENAISSANCE CENTER, INC.



Principal Place of Business
**11820 BEACH BLVD
JACKSONVILLE FL 32256
US**

Mailing Address
**11820 BEACH BLVD
JACKSONVILLE FL 32246
US**

3. Date Incorporated or Qualified
09/19/1963

3a. Date of Last Report
06/01/1995

4. FEI Number
59-1022113

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 **32246**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**SOMMERS, ROBERT A PHD M
11820 BEACH BLVD
JACKSONVILLE FL 32246**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME HILL, JOAN	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11901 BCH, BLVD	CITY-ST-ZIP JACKSONVILLE FL	1.2 NAME DUNCAN, AL	1.3 STREET ADDRESS 11820 BEACH BLVD.
<input checked="" type="checkbox"/> DELETE		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32246	
TITLE VCD	NAME HARTMAN, PHIL	2.1 TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8000 BAYMEADOWS WAY	CITY-ST-ZIP JACKSONVILLE FL	2.2 NAME MAULDIN, OHIN	2.3 STREET ADDRESS 653-1 WEST 8TH ST.
<input checked="" type="checkbox"/> DELETE		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32209	
TITLE CD	NAME JOHNSON, HENRY	3.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 214 N HOGAN	CITY-ST-ZIP JACKSONVILLE FL	3.2 NAME LOAR, KENTON	3.3 STREET ADDRESS 10407 CENTURION PARKWAY N.
<input checked="" type="checkbox"/> DELETE		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE T	NAME GARDNER, JANET	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11820 BEACH BLVD	CITY-ST-ZIP JACKSONVILLE FL	4.2 NAME BRUMFIELD, CLYDE	4.3 STREET ADDRESS 11820 BEACH BLVD.
<input checked="" type="checkbox"/> DELETE		4.4 CITY-ST-ZIP JACKSONVILLE, FL 32246	
TITLE P	NAME SOMMERS, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11820 BEACH BLVD.	CITY-ST-ZIP JACKSONVILLE FL	5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME OSTERMAN, PETER	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 111 RIVERSIDE AVE	CITY-ST-ZIP JACKSONVILLE FL	6.2 NAME KOSTER, FRANCOIS	6.3 STREET ADDRESS 807 NIRA ST.
<input checked="" type="checkbox"/> DELETE		6.4 CITY-ST-ZIP JACKSONVILLE, FL 32207	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Sommers **Robert Sommers**, 2/1/96 904-648-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)