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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706174 (0)

1. Corporation Name
RENAISSANCE CENTER, INC.



Principal Place of Business 11820 BEACH BLVD JACKSONVILLE FL 32246 US	Mailing Address 11820 BEACH BLVD JACKSONVILLE FL 32246 US
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3. Date Incorporated or Qualified 09/19/1963
4. FEI Number 59-1022113
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 900 University Blvd. N. Suite, Apt. #, etc.	2a. Mailing Address 28 P. O. Box 17067 Suite, Apt. #, etc.
22 Suite 700 City & State	27 City & State
23 Jacksonville, FL Zip Country	28 Jacksonville, FL Zip Country
24 32211 25	29 32245 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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) 900 University Blvd. N.
83 Suite 700
84 City Jacksonville FL 85 Zip Code 32211

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 DT	NAME DUNCAN, ALFRED JR.	1.1 TITLE	DT
STREET ADDRESS 10083 LAKE LAMAR CT.	CITY-ST-ZIP JACKSONVILLE FL	1.2 NAME	Mark Schau
TITLE VCD	NAME MAULDIN, OLIN JR.	1.3 STREET ADDRESS	900 University Blvd., N. Ste700
STREET ADDRESS 653-1 WEST 8TH ST	CITY-ST-ZIP JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE CD	NAME LOAR, KENTON	2.1 TITLE	
STREET ADDRESS 10407 CENTURION PKWY N	CITY-ST-ZIP JACKSONVILLE FL	2.2 NAME	
TITLE DS	NAME PATE, DOROTHY	2.3 STREET ADDRESS	
STREET ADDRESS 11820 BEACH BLVD	CITY-ST-ZIP JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE PD	NAME SOMMERS, ROBERT	3.1 TITLE	
STREET ADDRESS 11820 BEACH BLVD.	CITY-ST-ZIP JACKSONVILLE FL	3.2 NAME	
TITLE D	NAME KOSTER, FRANCIS	3.3 STREET ADDRESS	
STREET ADDRESS 807 NIRA ST	CITY-ST-ZIP JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	DS
		4.2 NAME	Barbara Darby
		4.3 STREET ADDRESS	700 University Blvd., N., Suite700
		4.4 CITY-ST-ZIP	Jacksonville, FL 32211
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	900 University Blvd., N., Suite700
		5.4 CITY-ST-ZIP	Jacksonville, FL 32211
		6.1 TITLE	
		6.2 NAME	
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		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 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 A. Sommers* Robert A. Sommers (904) 743-1883

CR2E037 (10/97)