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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 706174

1. Corporation Name
RENAISSANCE CENTER, INC.

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|--|---|
| Principal Place of Business 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE FL 32211 US | Mailing Address P O BOX 17067 JACKSONVILLE FL 32245 US |
|--|---|



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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 09/19/1963 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1022113 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE FL 32211 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | FL | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D+ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHAU, MARK | 1.2 NAME | W. JIM CLARK |
| STREET ADDRESS | 90 UNIVERSITY BLVD N STE 700 | 1.3 STREET ADDRESS | 510 N. JULIA ST |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | VCD <input type="checkbox"/> DELETE | 2.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAULDIN, OLIN JR. | 2.2 NAME | |
| STREET ADDRESS | 653-1 WEST 8TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | LOAR, KENTON | 3.2 NAME | |
| STREET ADDRESS | 10407 CENTURION PKWY N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DARBY, BARBARA | 4.2 NAME | GEORGE OWEN |
| STREET ADDRESS | 700 UNIVERSITY BLVD N, STE 700 | 4.3 STREET ADDRESS | P.O. BOX 40789 |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32203 |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | SOMMERS, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 900 UNIVERSITY BLVD N, STE 700 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | DVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KOSTER, FRANCIS | 6.2 NAME | JAMES JOHNSON |
| STREET ADDRESS | 807 NIRA ST | 6.3 STREET ADDRESS | 6865 TAMRA LANE |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | JACKSONVILLE FL 32216 |

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, with all other like empowered.

SIGNATURE: Robert Sommers **SIGNATURE REQUIRED** 2/17/99 904-743-1883 ext 219
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)