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FILED

Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 726114 (2)**

1. Corporation Name

THE RENAISSANCE OF POMPANO BEACH III, INC.

Principal Place of Business

**1361 S. OCEAN BLVD.
POMPANO BEACH FLORIDA 33062-7159**

Mailing Address

**1361 S. OCEAN BLVD.
POMPANO BEACH FLORIDA 33062-7146**

3. Date Incorporated or Qualified

04/13/1973

3a. Date of Last Report

04/19/1996

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**

4. FEI Number

59-2138639

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

9. Name and Address of Current Registered Agent

**GERSTLE, ROSEN, MOSKOWITZ & ASSOC.
19495 BISCAYNE BLVD.
STE. #705
AVENTURAS FL 33180**

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 617.1506, 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

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	D	<input type="checkbox"/> DELETE
NAME	SWAINE, ART	
STREET ADDRESS	1361 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINSON, RICK	
STREET ADDRESS	1361 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IRWIN, MARCI	
STREET ADDRESS	1361 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOHN, PHIL	
STREET ADDRESS	1361 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARON, CONNIE	
STREET ADDRESS	1361 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRACHT, BARRY	
STREET ADDRESS	1361 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BARRY CULLEN	
13 STREET ADDRESS	1361 S. OCEAN BLVD	
14 CITY-ST-ZIP	POMPANO BEACH, FL	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEO GOODMAN	
23 STREET ADDRESS	1361 S. OCEAN BLVD	
24 CITY-ST-ZIP	POMPANO BEACH, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Kohn, Treasurer

Date 3/17/97 (954) 946-7031

Daytime Phone # 0021758

CR2E037 (9/96)