

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 851125 (5)

1. Corporation Name  
RENGO CORP.

Principal Place of Business  
1320 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

Mailing Address  
1320 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406-3236



3. Date Incorporated or Qualified 11/30/1981  
3a. Date of Last Report 02/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2136283	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

WEISHAUS, MARK  
4062 LAKESPUR CIRCLE SOUTH  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DS
NAME	KRAHAM, BETTY	1.2 NAME	KRAHAM, BETTY
STREET ADDRESS	182 LAKE SUSAN LANE	1.3 STREET ADDRESS	182 SUSAN LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33411
TITLE	DV	2.1 TITLE	DP
NAME	WEISHAUS, MARLA	2.2 NAME	WEISHAUS, MARLA
STREET ADDRESS	4062 LAKESPUR CIRCLE SOUTH	2.3 STREET ADDRESS	4062 LAKESPUR CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DS	3.1 TITLE	DV
NAME	WEISHAUS, MARK	3.2 NAME	WEISHAUS, MARK
STREET ADDRESS	4062 LAKESPUR CIRCLE SOUTH	3.3 STREET ADDRESS	4062 LAKESPUR CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH FL 33410	3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Weishauss 4/30/97 561-676-8253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #