

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005498 (1)

1. Corporation Name

FLORIDA RENEW CORPORATION



Principal Place of Business

Mailing Address

3500 EASTERN BLVD.
MONTGOMERY AL 36116
US

PO BOX 230967
MONTGOMERY AL 36123
US

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

63-1105482

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 state if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WEIL, JEFFREY T
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL 36116

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

TITLE S ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MARSHALL, TINA
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL 36116

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE AS ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME BARTLEY, IRENE
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL 36116

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ARONOV, JAKE F
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL 36116

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ARONOV, OWEN W
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL 36116

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE AS ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME DAVIDSON, BRIAN
STREET ADDRESS 3500 EASTERN BLVD
CITY-STATE-ZIP MONTGOMERY AL

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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 607, 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

Date

Daytime Phone #

CR2E034 (12/95)