

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

FILED

Feb 18 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 # F93000005498 (1)

1. Corporation Name

FLORIDA RENEW CORPORATION

Principal Place of Business

3500 EASTERN BLVD.  
MONTGOMERY AL 36116  
US

Mailing Address

PO BOX 230967  
MONTGOMERY AL 36123-0967  
US



3. Date Incorporated or Qualified  
12/03/1993

3a. Date of Last Report  
02/07/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEIL, JEFFREY T	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL 36116	
TITLE	<del>P</del>	<input type="checkbox"/> DELETE
NAME	MARSHALL, TINA	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL 36116	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARTLEY, IRENE	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL 36116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARONOV, JAKE F	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL 36116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARONOV, OWEN W	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL 36116	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAVIDSON, BRIAN	
STREET ADDRESS	3500 EASTERN BLVD	
CITY - ST - ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Tina A. Marshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

334-271-0771

DATE

Daytime Phone #

CR2E034 (9/96)