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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Zip

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400001165 (9)

RENAISSANCE CAPITAL HOLDINGS INC.

Country

25

Principal Place of Business Mailing Address 5726 CORTEZ ROAD WEST. SUITE 347 5726 CORTEZ ROAD WEST, SUITE 347 **BRADENTON FL 34210** BRADENTON FL 34210-2701 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1994 02/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0457972 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

Zip

29

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHULTZ, ROBERT 1101 9TH AVE. WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34206** 83 84 City Zip Code 85

Country

30

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. La	im familiar with, and accept the obligations of, \$	Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and little file.	pptcable (NOT)	: Registered Agent signature requi	red when reinstating)	DATE	······································
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	GREER, BARBARA		1.2 NAME			
STREET ADDRESS	900 THIRD AVENUE SUITE 2700		1.3 STREET ADDRESS			
CITY - ST - ZIP	NEW YORK NY 10022		1.4 CITY-ST-ZIP			
THTLE	D	DELETE	2 1 TITLE		☐ Change	Addition
NAVIE	BERMAN, PHILIP		2.2 NAME			
STREET ADDRESS	10 JACKSONVILLE ROAD		2.3 STREET ADDRESS			
C(TY - ST - ZIP	TOWACO NJ 07073		2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE	**************************************	Change	Addition
NAMÉ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C/TY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		OELETE .	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY-ST-7iP			6.4 CITY - ST 7IP			

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 reseiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

**FILED** 

Jan 31 1997 8:00am

Secretary of State

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable