

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000004577 (0)**
1. Corporation Name

RENCO HARDWARE, INC.

Principal Place of Business

**3855 COMMERCE PKWY
MIRAMAR FL 33025**

Mailing Address

**3855 COMMERCE PKWY
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI Number

36-3768585

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 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 **DC** ☐ DELETE

NAME **RENNERT, IRA L**
STREET ADDRESS **30 ROCKEFELLER PLAZA-42ND FLR**
CITY-STATE-ZIP **NY NY 10112**

TITLE **V** ☐ DELETE

NAME **FAY, ROGER L**
STREET ADDRESS **30 ROCKEFELLER PLAZA-42ND FLR**
CITY-STATE-ZIP **NY NY 10112**

TITLE **S** ☐ DELETE

NAME **D'ATRI, JUSTIN W**
STREET ADDRESS **30 ROCKEFELLER PLAZA-42ND FLR**
CITY-STATE-ZIP **NY NY 10112**

TITLE **P** ☐ DELETE

NAME **MONSE, JEREMY**
STREET ADDRESS **3855 COMMERCE PKWY**
CITY-STATE-ZIP **MIRAMAR FL 33025**

TITLE **T** ☐ DELETE

NAME **BUTKA, LAWRENCE P**
STREET ADDRESS **3855 COMMERCE PKWY**
CITY-STATE-ZIP **MIRAMAR FL 33025**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

900002602339
-07/30/98--01013--047
*****1100.00**

PE
7.27

14. I 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:

7/7/98 **454/704-8151**

CR2E034 (5/98)