

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90207 044 ***150.00

DOCUMENT # F96000004577

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **30 Rockefeller Plaza**

Suite, Apt. #, etc.

27 **Suite 4225**

City & State

28 **New York, NY**

29 **10112**

30 **USA**

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	<input type="checkbox"/> DELETE
NAME	RENNERT, IRA L	
STREET ADDRESS	30 ROCKEFELLER PLAZA-42ND FLR	
CITY-ST-ZIP	NY NY 10112	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FAY, ROGER L	
STREET ADDRESS	30 ROCKEFELLER PLAZA-42ND FLR	
CITY-ST-ZIP	NY NY 10112	
TITLE	S	<input type="checkbox"/> DELETE
NAME	D'ATRI, JUSTIN W	
STREET ADDRESS	30 ROCKEFELLER PLAZA-42ND FLR	
CITY-ST-ZIP	NY NY 10112	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MONSE, JEREMY	
STREET ADDRESS	3855 COMMERCE PKWY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUTKA, LAWRENCE P	
STREET ADDRESS	3855 COMMERCE PKWY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Siegel, Jr., John A.	
1.3 STREET ADDRESS	30 Rockefeller Plaza 42nd Floor	
1.4 CITY-ST-ZIP	New York, NY 10112	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sadlowski, Dennis A.	
2.3 STREET ADDRESS	30 Rockefeller Plaza 42nd Floor	
2.4 CITY-ST-ZIP	New York, NY 10112	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ryan, Michael C.	
3.3 STREET ADDRESS	100 Maiden Lane	
3.4 CITY-ST-ZIP	New York, NY 10112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99 (212) 541-6000

0145975

CR2E034 (1/198)