

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G87041** (1)

1. Corporation Name
ED-RENE, INC.

Principal Place of Business
5500 N.W. 15TH STREET
MARGATE FL 33063
US

Mailing Address
C/O EDWARD PERLMAN
~~2040 N.W. 55TH AVE.~~
~~LAUDERHILL FL 33040-2830~~
US



2. Principal Place of Business

2a. Mailing Address

21 Suite/Apt. #, etc.

26 Suite/Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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3. Date Incorporated or Qualified
12/27/1983

3a. Date of Last Report
06/12/1996

4. FEI Number
59-2381635

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

PERLMAN, EDWARD
~~2040 N.W. 55TH AVE.~~
~~LAUDERHILL FL 33043~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

909 CARMEL LAKE DRIVE APT 108

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NO. MIAMI BEACH.

FL

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33179

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **PERLMAN, EDWARD**
STREET ADDRESS **~~2040 N.W. 55TH AVE.~~**
CITY - ST - ZIP **~~LAUDERHILL FL~~**

1.2 NAME
1.3 STREET ADDRESS **909 CARMEL LAKE DRIVE APT 108**
1.4 CITY - ST - ZIP **NO. MIAMI BEACH, FLA. 33179**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

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 - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)