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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53234

(1)

THE RENFORD CORPORATION

FILED May 07 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								- C INCIDIA ENDI DINNO HINE NOOD INIII	OTOL CIGH DISK	OUDIN GIRIN DIA			
6302 BENJAMIN RD SUITE 411 TAMPA FL 33634			81 T/	6302 BENJAMIN RD SUITE 411 TAMPA FL 33634				DO NOT WRITE IN THIS SPACE					
US US								3. Date Incorporated or Qualified					
2. Principal P	lace of Busi	ness	28.	Mailing Address				04/18/1985 4, FEI Number			pplied For		
21				26				59-2529139 Not App					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					No.		Additional		
22				27				5. Certificate of Status Desired	X		lequired		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23			28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution Added to Fees					
Zip	Country			Zip Countr				8. This corporation owes or has paid the current year Intangible					
24	o Name	25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No					
110			Corrent Negra	eren Agent		B1	Name	10. Name and Address of New	Hedisteled	Agent			
	W. AZEEI	GERALDINE R.			Ţ								
	MPA FL 33				1	82	Street Addre	ess (P.O. Box Number is Not Accept	table)				
ואו	MA LE 93	000			ŀ	B3				 			
						_							
						84	City		FL	85 Zip	Code		
Office of f	egistered ag	gent, or both, in t	he State of Horic	07.1508, Florida State la. Such change was , Section 607.0505, F	: authorized	i by t	named corpo the corporation	pration submits this statement for the on's board of directors. I hereby acc	nurnose o	f changing pointment as	its registered s registered		
SIGNATURE													
	Signature, types	or printed name of reg	ISING AND DIRECT			Agent	t signature require	d when reinstating)	DATE				
12. TITLE	PD	OFFICI	ERS AND DIREC	DELETE	13.	16		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO:	RS IN 12		
NAME		N, R. IAN		La beccie	1.2 NA					Change	L_F Addition		
STREET ADDRESS		ABER COURT					DDRESS						
CITY-ST-ZIP	TAMPA FL			1.4 CI							!!		
TITLE	VST			☐ DELETE	2.1 TITLE		211			Change	Addition		
NAME	RENTON, DOREEN				2.2 NAN			· ·			_		
STREET ADDRESS					2.3 STREE		DORESS						
CITY-ST-ZIP	TAMPA FL				2. 4 CITY-		- ZIP						
TITLE				DELETE	3 1 TIT	LE				Change	☐ Addition		
NAME					3 2 NA	ME							
STREET ADDRESS				3.3 \$		REET A	DDAESS						
CITY - ST - ZIP				T priess	3.4. CI		- ZIP						
TITLE				[_] DELETE	4.1 101					Change	Addition		
NAME					4. 2 NA								
STREET ADDRESS							DDRESS						
CITY-ST-ZIP TITLE				DELETE	4.4 CIT		ZIP			Change	Addition		
NAME				☐ OCCESS	5.1 TIT					L Change	Addition		
STREET ADDRESS					5.2 NAJ		DOOLEG						
CITY-ST-ZIP							DORESS						
TITLE				DELETE.	5.4 CIT 6.1 TIT		ZIP			Change	Addition		
NAME				tind Decemb	6.2 NAI					- numbe	L radion		
STREET ADDRESS							DORESS						
CITY-ST-ZIP					64 CIT								
dd Lhoroby o	artify that th	a information au	estimat mith this til	ing door not sould.	4		- 1	140 07/0V/2 E	77				

Thereby 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.