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

DOCUMENT # H61619 1. Corporation Name

RENEVA-CLARK CORPORATION

DEIAEAN	CLAIM COM CHATION							
Principal Place	e of Business	Mailing Address				(19815t) bus ave) nere sver mere jen gren.		
5100 87TH ST. E 5100 87TH STREET. E								
BRADENTON FL 34202 BRADENTON FL 34202						DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed		
						06/11/1985		\
Principal Place of Business 2a. Mailing Address						4. FEI Number		applied For
21 26						59-2563718	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22						5. Certificate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23						Trust Fund Contribution	Added	to Fees
Zip	· — — — — —			Country		8. This corporation owes the current year In		
24	25 29		30	30		Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
HOG	SAN, PATRICK			•	Name			
5100 87TH STREET, E				82 Street Address (P.O. Box Number is Not Acceptable)		ress (P.O. Box Number is Not Acceptable)		
			83					
Dist	DENTON FL 34202			63				
				84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					n nomed com		f changing it	s registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	autnonzec	ו עם ו	the corporation	on's board of directors. I hereby accept the appo	intment as r	registered
SIGNATURE	Signature, typed or printed name of registered a	and and title if applicable (NOT)	F: Registered	Agen	nt signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.	, igu		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	1.1 Ti	TLE			Change	Addition
NAME				ME				
STREET ADDRESS	TARREST C			REET	TADDRESS			
CITY-ST-ZIP				TY-\$1	T-ZIP	·		
TITLE	VST DELETE 2.1 TI			ΠLE			☐ Change	Addition
NAME	HOGAN, PATRICK			MÉ				ļ
STREET ADDRESS	SAGO OTTI LOTDEET E			REET	TADDRESS			Į
CITY-ST-ZIP				ITY S	T-ZIP			
TITLE	☐ DELETE 3.11			TLE			Change	e 🗌 Addition
NAME	3.21		3.2 N	AME				
STREET ADDRESS			3.3 \$1	REET	TADDRESS			}
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TI	ΠE			☐ Change	Addition
NAME			4.2N	AME				
STREET ADDRESS			4.3 \$1	TREE T	TADDRESS			
CITY-ST-ZIP					T-ZIP			Addition
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NAME			5.2 N					}
STREET ADDRESS	;				TADDRESS			
CITY-ST-ZIP					T-ZIP		<u> </u>	Addition
TITLE	·	☐ DELETE	6.1 TI				Change	e Addition
NAME			6.2 N]
OTDEET ADADEGO	.J		6.3 S	TREE	T ADDRESS			ì

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90085 020 ***150.00