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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

R.R. RENNER ENTERPRISES, INC.

Mailing Address

FILED May 07 1997 8:00am Secretary of State



912 HIGHLAND ST. ALTAMONTE SPRINGS FL 32701			312 HIGHLAND ST. ALTAMONTE SPRINGS FL 32701-7732									
								3. Date Incorporated or Qualifier 05/14/1987	J	3a. Date of Last Report 04/24/1996		
2. Principal Place of Business			28.	28. Mailing Address			4. FEI Number	 		Applied For		
21			26					59-2801374			Not Applicabl	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22			27	27			S. Cermicate of States Desireti		Fee	Required		
City & State				City & Stato			6. Election Campaign Financing		\$5.0	0 May Be		
			28	·				Trust Fund Contribution Added to Fee				
Zip	Country Zip			Zip Country			'	8. This corporation has liability for intangible tax under s. 199.032,				
4	25			29		30		Florida Statutes				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
	NNER, RONALI				1	81	Name					
312	E HIGHLAND		82 Street Add			dress (P.O. Box Number is Not Acceptable)						
ALTAMONTE SPRINGS FL 32701					Ĺ				,			
					Ţ.	63						
					-	84	City			05 7	- Codo	
1					ĺ		ļ -		FI	FL 85 Zip Code		
11. Pursuant t	to the provision	of Sections 607.050)2 and 6	07 S08, Florida Stat	utos, the abo	ove	-named corp	poration submits this statement for the	purpose (of changing	its registered	
Office or re agent. I a	egistered a fooil, m familia with a	, or both, in the State and arcept the chlici	e of Florid lation	ra. Such change wa , Section 607.0505	s authorized Florida Stahi	by Ites	/ the corpora s.	poration submits this statement for the tion's board of directors. I hereby acc	ept the ap	pointment a	as registered	
SIGNATURE	1/1	10(0//)	10	nen	. 10.700 -1		<u>.</u>			4.29	3-97	
OIGNATURE .	Signature, typed or pr	nted name of registured	out a 3 bie	if applicable (N	OTE Hegisterco.	Age	int signature requ	red when reinstating)	DATE	1. 4.6.		
12.		OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES 10 OF	ICERS AN			
TITLE	OP P			DELETE	1.1 TH L	.E				Change	: Addition	
NAME	REN NER, R				1.2 NAN	ME	ļ					
STREET ADDRESS	312 HIGHL				1,3 S 1R	Œ1	ADDRESS					
CITY-ST-ZIP	ALTAMONTI	E SPRINGS FL			1.4.0(1)	Y - S	51-74P					
TITLE	DVS			DELETE	211111	LF				Change	Addilio	
NAME	RENNER, R	OSEMARIE LARO	SE		2 2 NAN	ME						
STREET ADDRESS	312 HIGHLA	ND ST.			2.3 S1R	EET	ADDRESS					
CITY-ST-ZIP		E SPRINGS FL			2 4 CIT	Y- 5	ST-ZIP					
TITLE				DELETE	3.1 111					Change	Additio	
NAME					3.2 NAA	ME				_		
STREET ADDRESS					3,3 STR	kE E T	ADDRESS					
CITY-ST-ZIP					3.4. CIT							
TITLE				DELETE	41 1/1		····			Change	Additio	
NAME				·	4. 2 NA							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CIIN		1					
TITLE				DELETE	5.1 TITE					Change	Addilio	
NAME				man manufacture	5.2 NAM			•				
STREET ADDRESS					1		ADDRESS					
J							j					
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITU		01 · Złr			Change	e	
NAME				L. Dittell			1			L_ Charge		
					6.2 NAN	M	i					
					1							
STREET ADDRESS CITY-ST-ZIP	1				6.3 STR 6.4 CIT		ADDRESS					

ильных ручустиль, ана ассилате ана mat my signature shall have the same legal effect as if made under or Prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment will on address.

97 (407) 260-5394