

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

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

04-26-1999 90177 038 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L23545

1. Corporation Name
RENAR DEVELOPMENT COMPANY



| | |
|--|--|
| Principal Place of Business 3500 NW ROYAL OAK DRIVE JENSEN BEACH FL 34957 US | Mailing Address 3500 NW ROYAL OAK DRIVE JENSEN BEACH FL 34957 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 3350 NW ROYAL OAK DR. | 2a. Mailing Address 26 3350 NW ROYAL OAK DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| Country | Country |
| 24 | 29 |
| 25 | 30 |

| |
|---|
| 3. Date Incorporated or Qualified 10/18/1989 |
| 4. FEI Number 65-0181821 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**DOSS, ARDEN, JF.
7500 RESERVE BLVD
PT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent

| | |
|---|--|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 3350 NW ROYAL OAK DRIVE | |
| 84 City JENSEN BEACH FL 85 Zip Code 34957 | |

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. (NOT E-Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--------------------------------|
| TITLE | NAME | TITLE | NAME |
| DP | DOSS, ARDEN, JR. | 1.1 TITLE | |
| 7500 RESERVE BLVD | | 1.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PT ST LUCIE FL | | 1.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 1.4 CITY-ST-ZIP | |
| DCST | DOSS, RENEE MOTTRAM | 2.1 TITLE | |
| 7500 RESERVE BLVD | | 2.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PT ST LUCIE FL | | 2.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 2.4 CITY-ST-ZIP | |
| ST | ROWE, RHONDA S. | 3.1 TITLE | |
| 7500 RESERVE BLVD | | 3.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PORT ST LUCIE FL | | 3.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 3.4 CITY-ST-ZIP | |
| VP | WILSON, CHERYL | 4.1 TITLE | |
| 7500 RESERVE BLVD | | 4.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PT ST LUCIE FL 34986 | | 4.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 4.4 CITY-ST-ZIP | |
| VP | STOREY, MICHAEL | 5.1 TITLE | |
| 7500 RESERVE BLVD | | 5.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PT ST LUCIE FL 34986 | | 5.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 5.4 CITY-ST-ZIP | |
| VP | MOTTRAM, JEFFREY S | 6.1 TITLE | |
| 7500 RESERVE BLVD | | 6.2 NAME | 3350 NW ROYAL OAK DRIVE |
| PT ST LUCIE FL 34986 | | 6.3 STREET ADDRESS | JENSEN BEACH, FL 34957 |
| | | 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 119.073(1), 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 a power like empowered.

SIGNATURE: Rhonda S. Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (561) 692-7800
Date Daytime Phone #

CR2E034 (11/98)