

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # L36264

(4)

1. Corporation Name

V.F.-RENAISSANCE, INC.

95 MAY -1 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2800 N. MILITARY TRAIL SUITE 201 SOUTH
BOCA RATON FL 33431**

Mailing Address

**2800 N. MILITARY TRAIL SUITE 201 SOUTH
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1989	3a. Date of Last Report 02/11/1994
4. FEI Number 65-0218275	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. 190.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**DEUTCH, JEFFREY A
7777 GLADES RD
STE 300
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	☒ Change ☐ Addition
NAME	POMERANTZ, SAUL	1.2 NAME	
STREET ADDRESS	8600 DECARIE BLVD, SUITE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	MT ROYAL QC	1.4 CITY - ST - ZIP	Town of Mount Royal, QC H4P 2N2
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	GATTINGER, FRANKLIN J.	2.2 NAME	
STREET ADDRESS	8600 DECARIE BLVD., SUITE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	MT ROYAL QC	2.4 CITY - ST - ZIP	Town of Mount Royal, QC H4P 2N2
TITLE		3.1 TITLE	V/Asst't Secretary/D ☐ Change ☒ Addition
NAME		3.2 NAME	Pomerantz, Terry
STREET ADDRESS		3.3 STREET ADDRESS	8600 Decarie Blvd., Suite 200
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Town of Mount Royal, QC H4P 2N2
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Franklin J. Gattinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin J. Gattinger April 12, 1995

(514) 341-8600