FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L36324 (6)

1. Corporation Name
RENAISSANCE CARS, INC.

Principal Place of Business	Mailing Address
~~2309 COMMERCE PARK DR NE~~ ~~UNIT 1~~ ~~PALM BAY FL 32905~~ ~~US~~	C/O ROBERT L WILLIAMS 209 S NASSAU ST #101 VENICE FL 34285

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 2730 Kirby Ave.
22: Suite, Apt. #, etc.
23: City & State: Palm Bay, FL
24: Zip: 32905 25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 65-0182083 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT L
209 S NASSAU ST #101
VENICE 34285

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BEAUMONT, ROBERT G.	1.2 NAME	C. Larry Henry	
STREET ADDRESS	3978 DEWBERRY CIRCLE	1.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		2.1 TITLE	C	☐ Change ☒ Addition
NAME		2.2 NAME	Louis Schaefer	
STREET ADDRESS		2.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		3.1 TITLE	D	☒ Change ☐ Addition
NAME		3.2 NAME	Robert G. Beaumont	
STREET ADDRESS		3.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Stan Freeman	
STREET ADDRESS		4.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Ken McGraw	
STREET ADDRESS		5.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Jack Guy	
STREET ADDRESS		6.3 STREET ADDRESS	2730 Kirby Ave.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm Bay, FL 32905	

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 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.

SIGNATURE: C. Larry Henry 4/25/95 407-676-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045873 CP