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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L75264**

(6)

RENAISSANCE INSTITUTE OF PALM BEACH, INC.

Principal Place of Business Mailing Address **%SIDNEY HARRY GOODMAN %SIDNEY HARRY GOODMAN** 2002'N FEDERAL HWY STE 201 7300 N FEDERAL HWY STE 201 **BOCA RATON FL 33487** BOCA RATON FL 33487-1631 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1990 01/17/1996 Rengissance 2a. Mailing Address 4. FEI Number Applied For 65-0194094 Not Applicable Suite, Apt #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Xes □ No 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name GOODMAN, SIDNEY HARRY 1351 SYCAMORE TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 Zip Code 85 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, typical or printed name of registored agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE GOODMAN, SIDNEY HARRY 1.2 NAME NAME 4450 NW 28TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE THE GOODMAN, SIDNEY HARRY 22 NAME NAME 1351 SYCOMORE TERR. STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CHTY-ST-ZIP 2 4 ÇITY-ST-ZIP □ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME

14. I do 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.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS
4.4 CITY - ST - ZiP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7/P

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Coodman

2/3/97 2×1-79

Change

Change

Addition

Addition

FILED

Feb 12 1997 8:00am

Secretary of State