

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L83961** (7)
1. Corporation Name
RENAISSANCE CATERING AND GOURMET SHOP, INC.



Principal Place of Business
**1294 NW US HWY ONE
1294 N.W. U.S. HWY. ONE
STUART FL 33994
US**

Mailing Address
**1294 NW US HWY ONE
1294 N.W. U.S. HWY. ONE
STUART FL 34994
US**

3. Date Incorporated or Qualified
06/28/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0210476

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

2. Principal Place of Business
21 **1240 SW 34th ST**
Suite, Apt. #, etc.
22 **PALM CITY FL**
City & State
23 **FL**
Zip
24 **34990** Country
25 **USA**

2a. Mailing Address
26 **1240 SW 34th ST**
Suite, Apt. #, etc.
27
City & State
28 **PALM CITY, FL**
Zip
29 **34990** Country
30 **USA**

9. Name and Address of Current Registered Agent

**GONZALEZ, ROSSANA D.
1294 NW US HWY ONE
STUART FL 34994**

Change address only!

10. Name and Address of New Registered Agent

81 Name **GONZALEZ, ROSSANA**
82 Street Address (P.O. Box Number is Not Acceptable)
1240 SW 34th ST
83 **PALM CITY FL**
84 City **PALM CITY** **FL** 85 Zip Code **34990**

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 *Rossana Gonzalez*
Signature, typed or printed name of registered agent, and date, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

5/2/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	GONZALEZ, ROSSANA D.	1294 N.W. U.S. HWY ONE	STUART FL	
VP	GONZALEZ, JOHN B	1294 NW FEDERAL HWY 1	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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: *Rossana Gonzalez, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96
Date

407-220-7400
Daytime Phone #

CR2E034 (12/95)