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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L97469



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90069 019 ***150.00

RENID, INC. Mailing Address Principal Place of Business 1280 HEATHER RIDGE BLVD 1280 HEATHER RIDGE BLVD. DUNEDIN FL 34698 DUNEDIN FL 34698 DO NOT WRITE IN THIS SPACE US US 3. Date incorporated or Qualifed 09/01/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3028165 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip √No. 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NEWMARK, ENID B Street Address (P.O. Box Number is Not Acceptable) 1280 HEATHER RIDGE BLVD **DUNEDIN FL 34698** 83 85 Zin Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE NEWMARK, ENID B 1.2 NAME NAME 1280 HEATHER RIDGE BLVD STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change OFLETE TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

ENID B. NEWHARK

CR2E034 (11/98