CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M89067 (6)

1. Corporation Name
RENAISSANCE BUSINESS & PROFESSIONAL CENTERS, INC

Principal Place of Business	Mailing Address
50 N. LAURA STREET MC 099-000-1812 JACKSONVILLE FL 32202	50 N. LAURA STREET MC 099-000-1812 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0204987 ☐ 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 on consolidated

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEAD, JAMES A
50 N. LAURA STREET
MC 099-000-1812
JACKSONVILLE FL 32202

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	V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	~~GHOMESHI, MEHDI~~	1.2 NAME	BUEROSSE, MARCUS	
STREET ADDRESS	~~801 E. HALLANDALE BEACH BL., 2ND FL~~	1.3 STREET ADDRESS	801 E. HALLANDALE	
CITY-ST-ZIP	~~HALLANDALE FL~~	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DSTV	2.1 TITLE		☐ Change ☐ Addition
NAME	HEAD, JAMES A	2.2 NAME		
STREET ADDRESS	50 N. LAURA STREET MC099-000-~~1812~~ 1812	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERT F. J	3.2 NAME		
STREET ADDRESS	50 N. LAURA STREET MC099-000-1830	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DASV	4.1 TITLE		☐ Change ☐ Addition
NAME	JARBOE, LLOYD A JR	4.2 NAME		
STREET ADDRESS	50 N. LAURA STREET MC 099-000-1830	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	BLANKSTEIN, ALAN	
STREET ADDRESS		5.3 STREET ADDRESS	801 E. HALLANDALE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
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 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, added or deleted.

SIGNATURE: _____ James A. Head, (904) 791-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Director, Secretary, Treasurer and Vice President 4/5/95

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