

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 # **P93000073556**
1. Corporation Name

Renaissance Ranch, Inc.

Principal Place of Business: 6420 37th Street, Vero Beach, Fla 32966
Mailing Address: 6420 37th Street, Vero Beach, Fla 32966

| | | | | | | | |
|--|---------------|---------------------|---------------|---|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | | |
| 21 | 6420 37th Str | 26 | 6420 37th Str | 10/18/93 | May 1995 | | |
| 22. City & State | | 27. City & State | | 4. FET Number | Applied For / Not Applicable | | |
| 23. Vero Beach, Fla | | 28. Vero Beach, Fla | | 65-0454085 | | | |
| 24. 32966 | 25. USA | 29. 32966 | 30. USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 9. Name and Address of Current Registered Agent | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Michael Anderson 6420 37th Str Vero Beach, Fla 32966 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | 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 607.1506, 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) _____ (Printed Name) _____ (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | | 4. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | | 8. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | | 12. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | | 16. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-STATE-ZIP | | 20. CITY-STATE-ZIP | |

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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 stated 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 or trustee in power 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 in an attachment with an address.

SIGNATURE: *Marcia Anderson* April 26, 1996 407-770-1136
MARCIA ANDERSON, Pres. (Printed Name of Signing Officer or Director)

CR2E034 (12/95)