

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 # P94000081308 (6)

1. Corporation Name  
**REN I CORP.**



Principal Place of Business

330 CLEMATIS ST  
SUITE 218  
W PALM BEACH FL 33401  
US

Mailing Address

330 CLEMATIS ST., 208  
218  
W PALM BEACH FL 33401  
US

2. Principal Place of Business

21 222 Clematis Street  
Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL  
Zip Country

24 33401  
25 Palm Beach

2a. Mailing Address

26 222 Clematis Street  
Suite, Apt. #, etc.

27 City & State

28 West Palm Beach, FL  
Zip Country

29 33401  
30 Palm Beach

3. Date Incorporated or Qualified  
11/04/1994

3a. Date of Last Report  
04/28/1995

4. FEI Number  
~~APPLIED FOR~~ 65-0655  
394

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

10. Name and Address of New Registered Agent

81 Name  
John G. MacConnell

82 Street Address (P.O. Box Number is Not Acceptable)  
222 Clematis

83

84 City  
West Palm Beach FL 85 Zip Code  
33401

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  
John D. MacConnell

4-26-96

Signature, type or print name of registered agent and date of registration

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FRISBIE, DAVID W  
330 CLEMATIS SR, SUITE 218  
W PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Sec-Treasurer; Director  
David W. Frisbie  
222 Clematis Street  
West Palm Beach, FL 33401

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
President; Director  
Andrew M. Aiken  
145 Seagate Road  
Palm Beach, FL 33480

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Vice President; Director  
Robert N. Frisbie  
6101 Sheaff Lane  
Ft. Washington, PA 19034

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
000001849450  
-06/04/96--01035--047  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

407-832-6420

Date

Daytime Phone #

CR2E034 (12/95)