FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000003492**1. Corporation Name

RENAISSANCE RENOVATIONS, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90029 050 ***150.00



					·					
Principal Place		Mailing Address				•			•	
6879 PALM GR		6879 PALM GROVE CT	EL 00440							
PALM BEACH GARDENS FL 33418		PALM BEACH GARDENS FL 33418 US			DO NOT WRI	TE IN THIS	SPACE			
US		03				3. Date Incorporated or Qualifed				
						01/13/1995			1	
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Ap	plied For	
21	, D	26				65-0546123		<u> </u>	t Applicable	
Suite Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired		Fee Re	quired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u> </u>	Added to	, ,	
Zip	Country	Zip Country				8. This corporation owes the curr	ent year Inte	angrole		
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New R	legistered .	Agent		
				81	Name					
	SON, GARY N			82	Street Add	ress (P.O. Box Number is Not Accepta	hle)			
1648 Palm Beach Lakes BLVD.				02	Sileet Addi	less (F.O. LOX Number is Not Accepte	ibic)			
STE.	1200			83						
WES	T PALM BEACH FL 33401						·-·			
				84	City		FL	85 Zip C	,oae	ı
11 Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statu	ites, the a	bove	e-named corp	poration submits this statement for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State (of Florida. Such change was	authorized	a by	the corporati	on's board of directors. I hereby accep	t the appoir	itment as rec	jistered	
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	onda otar	ules.	•					ĺ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E. Registerer	1 Agen	r signature require	ed when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	Ş
TITLE	D	DELETE						☐ Change	☐ Addition	3
NAME	TERMOTTO, ANTHONY P	_		1.2 NAME						
STREET ADDRESS	1008 RAINTREE LANE		1.3 \$	1.3 STREET ADDRESS					}	Ì
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	410		1.4 CITY-ST-ZIP						Ş
TITLE	D	☐ DELETE		2.1 TITLE				Change	☐ Addition	Č
NAME	TERMOTTO, JOHN M			2.2 NAME						
	4000 DAINTDEE LANE		22 N	AMF	J			[] ogo		
STREET ADDRESS	1000 MAINTINGE CAINE				ADDRESS			C average		
CITY-ST-ZIP TITLE	DALM BEACH CADDENS EL 33	M10	2.3 \$7	TREET	ADDRESS			onengo		
IIILE	PALM BEACH GARDENS FL 33		2.3 ST	TREET				Change	Addition	
NAME	D	1410	2.3 ST 2.4 C 3 1 TI	TREET SITY-S TILE					☐ Addition	
NAME	D IRELAND, BRIAN		2.3 ST 2.4 C 3.1 TI 3.2 No	TREET CITY-S ITLE AME	T-ZIP				☐ Addition	
STREET ADDRESS	D IRELAND, BRIAN 1008 RAINTREE LANE	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 No 3.3 ST	TREET CITY-S ITLE AME TREET	T-ZIP				☐ Addition	
STREET ADDRESS CITY-ST-ZIP	D IRELAND, BRIAN	□ DELETE 410	2.3 ST 2.4 C 31 TI 3.2 N 3.3 ST 34. C	TREET CITY-S TILE AME TREET CITY-S	T-ZIP			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE	D IRELAND, BRIAN 1008 RAINTREE LANE	☐ DELETE	2.3 ST 2.4 C 3 1 TT 3.2 No 3.3 ST 3.4. C 4.1 TT	TREET CITY-S TILE AME TREET CITY-S	T-ZIP				Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D IRELAND, BRIAN 1008 RAINTREE LANE	□ DELETE 410	2.3 ST 2.4 C 31 TI 3.2 N 3.3 S 34. C 4.1 77 4.2 N	TREET CITY-S TREET CITY-S TREE TREET	T-ZIP TADDRESS ST-ZIP			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D IRELAND, BRIAN 1008 RAINTREE LANE	□ DELETE 410	2.3 ST 2.4 C 31 TI 3.2 NV 3.3 S' 34. C 4.1 77 4. 2 N 4.3 S'	TREET TREET TREET TREET TREET TREET TREET	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE 1410	2.3 ST 2.4 C 3 1 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C	TREET TREET TREET TREET TREET TREET TREET	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D IRELAND, BRIAN 1008 RAINTREE LANE	□ DELETE 410	2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT	TREET CITY-S TREET TREET TREET TREET TREET	T-ZIP T ADDRESS T-ZIP T ADDRESS			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE 1410	2.3 ST 2.4 C 31 TT 3.2 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N	TREET THE AME TREET THE TREET THE TREET THE TREET THE THE THE THE THE THE THE THE THE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE 1410	2.3 ST 2.4 C 31 TT 32 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N 5.3 S	TREET TITY-S TILE AME TITREET TITY-S TILE AME TITREET TITY-S TILE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE DELETE DELETE	2.3 ST 2.4 C 31 TT 3.2 N/ 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N/ 5.3 S 5.4 C I	TREET THE AME TREET TREET TREET THE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		-	☐ Change ☐ Change ☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE 1410	2.3 ST 2.4 C 31 TT 32 N 3.3 S 3.4 C 4.1 TT 4.2 N 4.3 S 4.4 C 5.1 TT 5.2 N 5.3 S 5.4 C 6.1 TT	TREET THE AME TREET TREET THE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, BRIAN 1008 RAINTREE LANE	DELETE DELETE DELETE	2.3 ST 2.4 C 31 TI 32 N 3.3 S' 34 C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TT 5.2 N 5.3 S' 5.4 CI 6.1 TI 6.2 N	TREET TITE AME TREET AME AME AME AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change ☐ Change ☐ Change	☐ Addition	

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 suppliemental 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.

SIGNATURE:

561 622-2816