

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000027539 (2)**

1. Corporation Name

THE FLORIDA RENAISSANCE GROUP, INC.

Principal Place of Business

**1195 W NEWPORT CTR DR
DEERFIELD BCH FL 33442
US**

Mailing Address

**1195 W NEWPORT CTR DR
DEERFIELD BCH FL 33442-7732
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1995		3a. Date of Last Report 03/12/1996	
21 Suite Apt. #, etc.		26 Suite Apt. #, etc.		4. FEI Number 65-0572919		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LEIBY, LARRY R.
LEIBY FERENCIK LIBANOFF & BRANDT
150 S PINE ISLAND ROAD, STE 400
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLER, CYNTHIA A	1.2 NAME	
STREET ADDRESS	1331 VAN BUREN ST	1.3 STREET ADDRESS	2551 Rock Island Road, #112
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Margate, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, TOM	2.2 NAME	Pierson, Glenn N.
STREET ADDRESS	663 HOLLOWES CIR	2.3 STREET ADDRESS	1080 NW 3 Street
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYLES, PAUL L. JR	3.2 NAME	
STREET ADDRESS	2681 BROOKWOOD DR, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, THOMAS W.	4.2 NAME	
STREET ADDRESS	22 VICTORIAN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Cynthia Windler* **Cynthia Windler**
Secretary/Treasurer

04/28/97

954/422-5752

CR2E034 (9/96)