FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

P95000028179 (6)

DOCUMENT # REN GP CORP.

Principal Place of Business

Mailing Address



330 CLEMATIS STREET SUITE 218 W PALM BEACH FL 33401	330 CLEMATIS STREET SUITE 218 W PALM BEACH FL 33401		Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 222 Clematis Street		tis Street	65-05750	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beac	L FL	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip Country	Zip	Country	B. This corporation has liability for it	ntangible tax under s 199.032
24 33401 25 Palm Beach	- v	Pah Beach	Florida Statutes Yes	
9. Name and Address of Current	Registered Agent	81 Name		egistered Agent
		1. 1	John G. Mac	01161
Frisbie, David W	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
330 CLEMATIS STREET	222 Clemetis Street			
SUITE 218		83		1
W PALM BEACH FL 33401		84 City	st Palm Beach	FL 85 Zip Code 33401
11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section SIGNATURE Signature, type of printed name of registered agent is	a. Such change was authorized by ton 607,0505, Florida Statutes.	above-named corp the corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the appu	pose of changing its registered office bintment as registered agent. I am 4-26-96
SIGNATURE Signature, type or printed name of registered agent is	and title if amplicable (NOTE: Regis	slered Agent signature requ	ired when reinstating)	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TILE D	☐ DELETE	1. 1 TITLE	President; Director	X Change
NAME FRISBIE, DAVID W		1.2 NAME	Fristie, David W.	
STREET ADDRESS 330 CLEMATIS ST., SUITE 21	8	1.3 STREET ADDRESS	222 Clematis Str	ec+
CITY-ST-ZIP W PALM BEACH FL 33401		1.4 CITY-ST-ZIP	West Polm Beach	FL 33401
TITLE	DELETE	2 1 TITLE	Sec Treosurer : Dire	Change Maddition
NAME		2.2 NAME	Aiken, Andrew M.	•
STREET ADDRESS		2.3 STREET ADDRESS	145 Seagate Ros	d
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Palm Beach FL	33480
TIFLE	DELETE	3. 1 TITLE	145 Seagate Ros Palm Beach FL Vice President; Dire	cfor Change Maddition
NAME		3.2 NAME	Fristie, Robert 6101 Sheaff La Ft. Woshington,	Ν .
STREET ADDRESS		3 3 STREET ADDRESS	6101 Sheaff La	ne
	1	34 CITY-ST-ZIP	Ft. Woshington	PA 19-34
CITY - ST - ZIP		4. 1 TITLE		Change Addition
NAME		4.2 NAME		
		4.3 STREET ADDRESS		
STREET ADDRESS		4.4 City-St-ZiP		
CITY-ST-ZIP		5 1 TITLE		Change Addition
TITLE	_	52 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRESS	•	5.4 CITY - ST-ZIP		
CHY-ST-ZiP		6.1 TITLE		☐ Change ☐ Addition
THE	□ betele	6.1 HILE		
I NAME I		T / NAME 1		
I HAMINIT				
STREET ADDRESS	ŀ	63 STREET ADDRESS 6.4 CITY-ST-ZIP		

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:

ME OF SIGNING OFFICER OR DIRECTOR

4-25-96 Date

407-832 - 6422 Daytime Phone #