FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042810 (8)

1. Corporation Name
RENAISSANCE MANAGEMENT CORP.

Principal Place of Business
330 CLEMATIS STREET SUITE 218
WEST PALM BEACH FL 33401

Mailing Address
330 CLEMATIS STREET SUITE 218
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 05/26/1995
3a. Date of Last Report:

4. FEI Number: 65-0651554 ☐ 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

2. Principal Place of Business
21 222 Clematis Street
Suite, Apt. #, etc.
22 Suite 205
City & State
23 West Palm Beach, FL
Zip 24 33401 Country 25 Palm Beach

2a. Mailing Address
26 222 Clematis Street
Suite, Apt. #, etc.
27 Suite 205
City & State
28 West Palm Beach, FL
Zip 29 33401 Country 30 Palm Beach

9. Name and Address of Current Registered Agent
MACCONNELL, JOHN
330 CLEMATIS STREET SUITE 218
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: MacConnell, John
82 Street Address (P.O. Box Number is Not Acceptable): 222 Clematis Street
83 Suite 205
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 G. MacConnell — DATE: 4-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1.1 TITLE	President, Director	☐ Change ☒ Addition
1.2 NAME	Frisbie, David W.	
1.3 STREET ADDRESS	222 Clematis Street, Suite 205	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	Sec.-Treasurer; Director	☐ Change ☒ Addition
2.2 NAME	Aiken, Andrew M.	
2.3 STREET ADDRESS	145 Seagate Road	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE	Vice President, Director	☐ Change ☒ Addition
3.2 NAME	Frisbie, Robert N.	
3.3 STREET ADDRESS	6101 Sheaff Lane	
3.4 CITY-ST-ZIP	Ft. Washington, PA 19034	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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5/1/96

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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-96 — Daytime Phone #: 407-832-6420