

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
222 CLEMATIS STREET SUITE 205
WEST PALM BEACH FL 33401

Mailing Address
222 CLEMATIS STREET SUITE 205
WEST PALM BEACH FL 33401-5522



3. Date Incorporated or Qualified 05/26/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 222 Clematis Street
Suite, Apt. #, etc.
22 Suite 203
City & State
23 West Palm Beach, FL
Zip
24 33401 Country
25 USA

2a. Mailing Address
26 222 Clematis Street
Suite, Apt. #, etc.
27 Suite 203
City & State
28 West Palm Beach, FL
Zip
29 33401 Country
30 USA

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

9. Name and Address of Current Registered Agent
MACCONNELL, JOHN
222 CLEMATIS STREET SUITE 205
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name Frisbie, David W.
82 Street Address (P.O. Box Number is Not Acceptable) 222 Clematis Street
83 Suite 203
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: David W. Frisbie
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-12-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRISBIE, DAVID W	
STREET ADDRESS	222 CLEMATIS STREET SUITE 205	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AIKEN, ANDREW M	
STREET ADDRESS	145 SEAGATE RD.	
CITY - ST - ZIP	PALM BCH. FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRISBIE, ROBERT N	
STREET ADDRESS	6101 SHEAFF LANE	
CITY - ST - ZIP	FT. WASHINGTON PA 19034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	222 Clematis Street, Suite 203
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: David W. Frisbie President 3/25/97 561-832-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)