

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 # P95000073907 (4)

1. Corporation Name

RENAISSANCE PLAZA, INC.



Principal Place of Business: 46 N. WASHINGTON BLVD. # 1 SARASOTA FL 34243
Mailing Address: 46 N. WASHINGTON BLVD. # 1 SARASOTA FL 34243

2. Principal Place of Business: 21 1391 6th STREET, 22 Suite, Apt. #, etc.
23 City & State: SARASOTA FL
24 Zip: 34236, 25 Country
26 Mailing Address: Suite, Apt. #, etc.
27 City & State
28 Zip, 29 Country, 30

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report: N/A
4. Tax Number: 65-0616773
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

9. Name and Address of Current Registered Agent: PATTERSON, JOHN, 46 NORTH WASHINGTON BLVD. # 1, SARASOTA FL 34236

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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. (Date:)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, JOHN	
STREET ADDRESS	46 NORTH WASHINGTON BLVD., # 1	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES, DENNIS	
1.3 STREET ADDRESS	1391 6th STREET	
1.4 CITY - ST - ZIP	SARASOTA FL 34236	
2.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MENCHINGER, MARIANNE K.	
2.3 STREET ADDRESS	1391 6th STREET	
2.4 CITY - ST - ZIP	SARASOTA FL 34236	
3.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MENCHINGER, THOMAS A.	
3.3 STREET ADDRESS	1391 6th STREET	
3.4 CITY - ST - ZIP	SARASOTA FL 34236	
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 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: Dennis James, President

(941) 951-0696
3/18/96
Daytime Phone #

CR2E034 (12/95)