SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092107 (8)

REN'S SUN MARINE, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Plac	ce of Business	Mailing Address			DI 18 18418 (1881 11814 6814 1881 1881
523 ANCLOTE RD TARPON SPRINGS FL 34689 US		% REN CARLBERG 9536 BYD ST HUDSON FL 34669		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified 11/27/1995	
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11		26		59-3355209	Not Applicable
Suite, Apt.	. #, etc,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	to	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zíp	Country 25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	
	9. Name and Address of Cur			10. Name and Address of New Register	
CARLBERG, REYNOLD 9536 BYD ST HUDSON FL 34669					
			1		
11. Pursuan office or	at to the provisions of sections 607.0 registered agent, or both, in the St.	502 and 607.1508, Florida State at 6 of Florida Such change was precised to 607.6565	ates, the above-named corps authorized by the corporate florida. Statutos		Zip Code of changing its registered upointment as registered
	Signature, typed or printed name of registered	agent and title if applicable	1.1	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- quired when reinstating)	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered OFFICERS		utes, the above-named corpx s authorized by the corporal Florida Statutes. (NOTE: Registered Agent signature re-	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE 12. IITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable	utes, the above-named corporate sauthorized by the corporate Florida Statutes.	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- quired when reinstating)	of changing its registered pointment as registered
SIGNATURE 12. ITLE IAME	Signature, typed or printed name of registered. OFFICERS PD CARLBERG, REYNOLD 9536 BYD ST	agent and little Mapplicable AND DIRECTORS	utes, the above-named corporate sauthorized by the corporate Florida Statutes. (NOTE: Repistered Agent signature research) 13. 1.1 TILE	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- quired when reinstating)	of changing its registered pointment as registered
SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD CARLBERG, REYNOLD	agent and title if applicable AND DIRECTORS DELETE	utes, the above-named corpx s authorized by the corporal Florida Statutes. (NOTE: Repistered Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- quired when reinstating)	of changing its registered pointment as registered
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14. I 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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

9-21-98 727 927 561

Change Addition

Sep 30 1998 8:00am

Secretary of State

32E034 (5/98)