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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

<u>1997</u>

DOCUMENT # P95000096201 (5)

RENEGADE INVESTMENTS OF LEHIGH ACRES, INC.

Principal Place of Business Mailing Address						- I IONALAND YIN ININ MISII MUSILI ANDILI ANDILI	- BIII BIII	TILLER LANGE MATERIA	T TENT TRAF
839 BRIARWOOD BLVD. NAPLES FL 33942 839 BRIARWOO NAPLES FL 341									
						3. Date Incorporated or Qualified 12/20/1995		ate of Last F)1/1996	Report
2, Principal Place of Business 2a. Mailing Addres						4. FEI Number		A	pplied For
21 26						65-0635863		N	ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #,			olo.			5. Certificate of Status Desired		,	Additional
27						 			equired
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip	├ ── 1			8. This corporation has liability for			s. 199.032.
24	25	[29]	30		·		Yes [
	9. Name and Address of Curre	nt Registered Agent		~ T		10. Name and Address of New Re	gistered	Agent	
	D, JOHN A		i	81	Name				
995 N. COLLIER BLVD. MARCO ISLAND FL				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
				83					
			. }	84	City			85 Zip	Code
			: 1		Ony		FL	, 03 24	
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agont, or both, in the State of familiar with, and accept the oblic	02 and 607,1508, Florida Statu e of Florida. Such change was gations of, Section 607,0505, Fl	les, the ab authorized lorida Statu	ove by ites	named corporation	oration submits this statement for the on's board of directors. I hereby acce	ourpose of pt the app	changing i ointment as	ts registered registered
SIGNATURE									
	Signature, typed or printed name of registered ag			Ager	nt signature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	Db	☐ DELETE						Change	L_ Addition
NAME	FISCHER, JOHN H 839 BRIARWOOD BLVD.		1.2 NAME		}				{'
STREET ADDRESS	NAPLES FL		1.3 STREE						1,
CITY-ST-ZIP	DVP	D brugg	1.4 CIT		1 - ZIP			T 05	
TITLE	FLEMING, KENNETH	☐ DELETE 2.15						∐ Change	Addition
NAME	AND POLEDIAGO DILIO		1	2.2 NAME					. }
STREET ADDRESS	NAPLES FL		1	2.3 STREET ADDRESS					
CITY-\$T-ZIP			2. 4 CIT		1-ZIP			☐ Change	Addition
NAME	FISCHER, DEBRA J.							LI Change	L3 Addition
	839 BRIARWOOD BLVD.	32 N			Apporce				
STREET ADDRESS	NAMES DI		1 1		ADDRESS				
CITY-ST-ZIP TITLE			3.4.(C)1 4.1 1/1		1-211	Change		Addition	
NAME			4. 2-NAM					L. Ditaily	
STREET ADDRESS			4.3 \$TREE		AGODECC				}
			4.4 ÇITY- S		1				
CITY-ST-ZIP TITLE		DELF1É	5.1 JJT	_	1.411			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				3 \$TREET ADORESS					
CITY-ST-ZIP				4 ÇITY-ST-ZIP					
TITLE				1 TITLE				Change	Addition
NAME			6.2 NA					0-	
STREET ADDRESS	· ·				ADDRESS				
	1				1				

14. Ido 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 is changed, or or amattachment with an address.

11 2000