

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033024 (6)**

1. Corporation Name
RENEW, INC.



Principal Place of Business 2615 AKITA PLACE HOLIDAY FL 34691	Mailing Address 2615 AKITA PLACE HOLIDAY FL 34691-3131
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2. Principal Place of Business 21 2643 US 19 Suite, Apt. #, etc. 22 HOLIDAY FL City & State 23 Zip 24 34691 Country 25 PASCO		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/11/1996		3a. Date of Last Report 4/1-96	
		4. FEI Number 59-3873709		Applied For Not Applicable			
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent TORRIE, SCOTT 10220 US HIGHWAY 19 STE. 300 PORT RICHEY FL 34688				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR + PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAIRE, MICHAEL			1.2 NAME	MICHAEL E. HAIRE		
STREET ADDRESS	2615 AKITA PLACE			1.3 STREET ADDRESS	2615 AKITA PL		
CITY-ST-ZIP	HOLIDAY FL 34691			1.4 CITY-ST-ZIP	HOLIDAY FL 34691		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	ROBERT HAIRE		
STREET ADDRESS				2.3 STREET ADDRESS	135 DOLPHIN DR. SO.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	OLDSMAR FL 34677		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	JOANN L. HAIRE		
STREET ADDRESS				3.3 STREET ADDRESS	2615 AKITA PL		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	HOLIDAY FL 34691		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	GARY WISGARDA		
STREET ADDRESS				4.3 STREET ADDRESS	3117 LAIRD DR		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	WILLIAM BROWN		
STREET ADDRESS				5.3 STREET ADDRESS	8925 WAPA LOOP		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Joann L. Haire* SECRETARY/Treas 2-7-97 (813) 8942-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)