

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068183

1. Corporation Name

RENAR HOMES, INC.

Principal Place of Business

3350 NW ROYAL OAK DRIVE
JENSEN BEACH FL 34957

Mailing Address

3350 NW ROYAL OAK DRIVE
JENSEN BEACH FL 34957

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

22 City & State

28 City & State

23 Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

DOSS, ARDEN JR.
RENAR HOMES INC.
7500 RESERVE BLVD.
PORT ST. LUCIE FL 34986

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3350 NW ROYAL OAK DRIVE
JENSEN BEACH

84 City FL 85 Zip Code 34957

10. Name and Address of New Registered Agent

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	DPST	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	DOSS, ARDEN JR		3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957
STREET ADDRESS	7500 RESERVE BOULEVARD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PORT ST. LUCIE FL		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME	STOREY, MICHAEL A		3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957
STREET ADDRESS	7500 RESERVE BLVD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PORT ST LUCIE FL		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME	ROWE, RHONDA S		3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957
STREET ADDRESS	7500 RESERVE BLVD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PORT ST LUCIE FL		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Rhonda S. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (561) 692-7800

Date

Daytime Phone #

CR2E034 (11/98)