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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010139 (8)

RENEW 2000, INC.

Principal Place of Business

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E.

1481 N.W. 94TH TERRACE

Mailing Address

1461 N.W. 94TH TERRACE

FILED May 05 1998 8:00am Secretary of State



PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1997 Principal Place of Bysiness 1154 N. University Dr. 121 154 Laudera de FL 33321 Suite Apt K. etc. 28. Mailing Address niversity Dr. 121 26 Ft Land, FL 33321 Suile Apt. #, etc. 4. FEI Number Applied For 65-07288 26 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name EFFRAIN, TERRI 1461 N.W. 94TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 Zip Code 11. Pursuant to the provisions of Sociions 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE **EFFRAIN, TERRI** NAME 1.2 NAME 1461 N.W. 94TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 5.4 CITY · ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 chapter 607, or on an attachment with an address. 4-27-98