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

FILED PROFIT Jan 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000019070 (6) DOCUMENT # RENMOR INVESTMENTS, INC. Mailing Address Principal Place of Business 10154 63RD AVE. NORTH 10154 63RD AVE. NORTH SEMINOLE FL 33772 SEMINOLE FL 33772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business Mailing Address 2a. 4. FEI Number Applied For 59-343322 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORRISON, ROBERTA A 10154 63RD AVE. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33772** 83 84 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS DELETE TITLE 1.1 TITLE Change Addition RENNEISEN, JOANNE NAME 1.2 NAME **38 TUDOR ROAD** STREET ADDRESS 1.3 STREET ADDRESS HICKSVILLE NY 11801 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition MORRISON, ROBERTA A NAME 2.2 NAME 13000 GULF BLVD., UNIT 409 STREET ADDRESS 2.3 STREET ADDRESS MADEIRA BEACH FL 33708 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 it 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

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