

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070434
1. Corporation Name: **RE-NU-IT OF SOUTH FLORIDA, INC.**

Principal Place of Business: **138 Palm Coast Parkway, NE Unit 377 Palm Coast, FL 32137**
Mailing Address: **same**

2. Principal Place of Business: 21 1408 North Killian Drive Suite, Apt. #, etc. 22 Suite 201 City & State 23 Lake Park, FL Zip 24 33403 Country 25 US	2a. Mailing Address: 26 1408 North Killian Drive Suite, Apt. #, etc. 27 Suite 201 City & State 28 Lake Park, FL Zip 29 33403 Country 30 US
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **August 14, 1997**

4. FEI Number: 65-0790094	Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing: ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent:
James L. Eifler
2800 North Flagler Drive, Apt 305
West Palm Beach, FL 33407

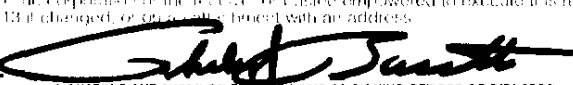
10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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: _____ (Name of Registered Agent required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME		12 NAME	President/Director
STREET ADDRESS		13 STREET ADDRESS	Philip J. Baratta
CITY-ST-ZIP		14 CITY-ST-ZIP	1408 North Killian Drive, Suite 201
TITLE	☐ DELETE	21 TITLE	Lake Park, FL 33403
NAME		22 NAME	☐ Change ☐ Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 supplement 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 a certificate filed with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4. 23-98 848-3151
300002508883
-05/04/98--01016--026
***150.00

CR2E034 (10/97)