May 05, 1999 8:00 am Secretary of State

05-05-1999 90131 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000071233

1. Corporation Name

RENCO INVESTMENT, INC.

| Principal Place of Business Mailing Address  |  |      |                     |            |             |  | ישבו ונינו פסונו סספינו פוסום: ונותם זוופס ויוסס וווסס וווסס וונסי אונסי אונסי אונסי אונסי אונסי וווסס וויססי וווסס ווווסס וווסס ווווסס וווסס ווווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס ווווסס ווווסס וווסס וווסס וווסס וווסס וווסס וווסס ווווסס וווסס ווווסס וווסס וווסס ווווסס וווסס ווווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס ו |
|--|--|------|---------------------|------------|-------------|--|--|
| 13581 SW 111 AVE. 13581 SW 111 AVE.  |  |      |                     |            |             |  |  |
| MIAMI FL 33176 MIAMI FL 33176  |  |      |                     |            |             |  |  |
| ·  |  |      |                     |            |             | DO NOT WRITE IN THIS SPACE                     |  |
|  |  |      |                     |            |             |  | 3, Date Incorporated or Qualifed   |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |      |                     |            |             |  | 08/15/1997 . Applied For . Applied For .   |
| 2. Principal Place of Business   |  |      | ta. Mailing Address |            |             |  | 4. FEI Number 65-0914172 Applied For APPLIED FOR Not Applicable  |
| Suite, Apt. #, etc.  |  |      | Suite, Apt. #, etc. |            |             |  | \$8,75 Additional  |
| 22   |  |      | 7                   |            |             |  | 5. Certificate of Status Desired Fee Required  |
| City & State   |  |      | City & State        |            |             |  | 6. Election Campaign Financing S5.00 May Be  |
| 23   |  |      | 8                   |            |             |  | Trust Fund Contribution Added to Fees  |
| Zip  |  |      |                     | Cour       | ntry        |  | 8. This corporation owes the current year Intangible   |
| 24   | 25   | 29   | . (                 | 30         |             |  | Personal Property Tax.   |
|  | 9. Name and Address of Current                       |      |                     | <u> </u>   |             |  | 10. Name and Address of New Registered Agent   |
|  |  |      |                     |            | 81          | Name   |  |
| WEBLEY, JACQUELINE   |  |      |                     | 82         | Street Addr | ess (P.O. Box Number is Not Acceptable)        |  |
| 13581 SW 111 AVE.  |  |      |                     | -          | Oncorridan  | ood (i . c. Dox regimber to their temperature) |  |
| MIAMI FL 33176   |  |      | 83                  |            |             |  |  |
|  |  |      | 84 City             |            |             | City   | 85 Zip Code  |
|  |  |      |                     |            |             |  | FL   |
| 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 registere 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 |      |                     | Registered | Agen        | nt signature required                          |  |
| 12.  | OFFICERS AND   | DIRE | <del></del>         | 13.        |             | <del></del>                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | PD   |      | ☐ DELETE            | 1.1 ΠΤ     |             |  | Change Addition  |
| NAME   | WEBLEY, JACQUELINE                                   |      |                     | 1.2 NA     |             |  |  |
| STREET ADDRESS   | 13581 SW 111 AVE.                                    |      |                     |            |             | ADDRESS  |  |
| CITY-ST-ZIP  |  |      | 1.4 CIT             |            | T-ZIP       | Clare Chadding                                 |  |
| TITLE  | VSTD   |      | ☐ DELETE            | 2.1 TIT    |             |  | ☐ Change ☐ Addition  |
| NAME (   | WEBLEY, MICHAEL                                      |      |                     | 2.2 NA     | ME          |  |  |
| STREET ADDRESS   | 13581 SW 111 AVE.                                    |      |                     | 2.3 STI    | REET        | ADDRESS  |  |
| CITY-ST-ZIP  | MIAMI FL 33176                                       |      |                     | 2. 4 CF    |             | T-ZIP  |  |
| TITLE  |  |      | ☐ DELETE            | 3.1 TIT    | Œ           | 1  | ☐ Change ☐ Addition  |
| NAME   |  |      |                     | 3.2 NA     | ΜE          |  |  |
| STREET ADDRESS   |  |      |                     | 3.3 STI    | REET        | ADDRESS  |  |
| CITY-ST-ZIP  |  |      | ·                   | 3.4. CF    |             | T-ZIP  |  |
| TITLE  |  |      | ☐ DELETE            | 4.1 TIT    | Œ           |  | ☐ Change ☐ Addition  |
| NAME (   |  |      |                     | 4. 2 NA    | ME          |  |  |
| STREET ADDRESS   |  |      |                     | 4.3 ST     | REET        | ADDRESS  |  |
| CITY-ST-ZIP  |  |      |                     | 4.4 CIT    | Y-S1        | T-ZIP  |  |
| TITLE  |  |      | ☐ DELETE            | 5.1 TIT    | LE          | 1  | ☐ Change ☐ Addition  |
| NAME   |  |      |                     | 5.2 NA     |             |  |  |
| STREET ADDRESS   |  |      |                     | 5.3 ST     | REET        | ADDRESS  |  |
| CITY-ST-7IP  |  |      |                     | 5.4 CIT    | Y-\$1       | T-ZIP  |  |

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition