## 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 # **P97000094497**1. Corporation Name

RENNOB PHONE SYSTEMS, INC.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90045 022 \*\*\*150.00



Principal Place	e of Business	Mailing Address								
7106 PINE BLUFF DR		7106 PINE BLUFF DR								
LAKE WORTH FL 33467		LAKE WORTH FL 33467				DO NOT WRITE IN THIS SPACE				•
US		US ,				3. Date Incorporated or Qualifed				7
•	•					11/03/1997	=			1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For				1.
na i i i i cipal i i	iaco oi Businoss	26	<del>-</del> 1			65-0805985			ot Applicable	15
Suite, Apt.	# etc.	<del></del>	Suite, Apt. #, etc.						Additional	1
22		27	3			5. Certifcate of Status Desired	· 🗖		equired	
City & State	e ·		City & State			6. Election Campaign Financing	·	\$5.00	May Be	1
23	•	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation owes the cu	rrent vear Inta	naible		1
24	25	29	30			Personal Property Tax.				
;	9. Name and Address of Current			Ι		10. Name and Address of New	Registered A	Agent	,	1
	20 12 13 13 13 13 13 13 13 13 13 13 13 13 13			81 1	Name					1
BON	NER, LEONARD J			92	Circot Add	Iress (P.O. Box Number is Not Accer	stable)			┨
7106	PINE BLUFF DR		82 Street Ad			iress (P.O. Box Number is Not Accep	itabie)			
LAKE	E WORTH FL 33467		8:				11/1 egh (45) } ;	15 2.45 9.31		1
	•						is ist file.	10: 1121 1001.		4
	•			84 (	City	, ., ., ., ., ., ., ., ., ., ., ., .,	FI	85 "Zip"	Códe (**)	
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Stat	tutes, the al	bove-n	named corr	poration submits this statement for the	e purpose of o	changing its	registered	1
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was	: authorized	i by the	e corporati	ion's board of directors. I hereby acc	ept the appoin	tment as re	egistered	
	m tamiliar with, and accept the congati	ons or, section our losos, r	TOTICA State	uies.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent sig	gnature require	ed when reinstating)	DATE			=
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	ORS IN 12	] ĕ
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NAME			2.2 NA	AME						
STREET ADDRESS			2.3 STREET ADDRESS		DORESS					
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NAME	ARREST GREAT CO.		6.2 NA	AME	ļ					
				TREET AD	ODRESS			,	•	
STREET ADORESS			6.4 CIT		1			•		
CITY-ST-ZIP			0.701	. 1 - 31 - 2	<del></del>				<del> </del>	L

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