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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100792 (5)

RENAISSANCE LAND DEVELOPMENT, INC.

Principal Place of Business Mailing Address C/O TOMBARI ENTERPRISES C/O TOMBARI ENTERPRISES 20774 EAGLE CREEK COURT #AIA 20774 EAGLE CREEK COURT #AIA DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33498 BOCA RATON FL 33498** 3. Date Incorporated or Qualified 11/26/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 DESIDERIO, PETER L ESQ STEARNS WEAVER MILLER WEISSLER, ET. AL. 82 200 EAST BROWARD BOULEVARD #1900 83 FORT LAUDERDALE FL 33301 City 02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provi office or register agent. I am fan of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ations of, Section 607,0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) and title if applicable 12. CERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PEERIPONT ☐ Change ☐ Addition TITLE 1.1 TITLE JOHN P. TOMBARI NAME 1.2 NAME 70774 SAGUE CREEK CT. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ___ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 3 4. CITY - ST - 2IP ■ Addition DELETE Change TITLE 4.1 TAILE 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ___ Change ___ Addition TITLE NAME 6.2 NAME

6.3 STREET ADORESS

6.4 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 suppliemental 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 my 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 changel, or of all attrictment with an address.

FILED

Mar 27 1998 8:00am

Secretary of State