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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000022858 1. Corporation Name RENARD MANUFACTURING CO.			
Principal Place of Business 825 THOMASVILLE ROAD TALLAHASSEE FL 32303		Mailing Address 825 THOMASVILLE ROAD TALLAHASSEE FL 32303	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 3305 N.W. 79th AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 3305 N.W. 79th AVE Suite, Apt. #, etc. 27	
City & State 23 MIAMI, FL Zip Country 24 FL 33122 25 U.S.A.		City & State 28 MIAMI, FL Zip Country 29 33122 30 U.S.A.	
9. Name and Address of Current Registered Agent BLANTON, EDWIN F ESQ. 825 THOMASVILLE ROAD TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name EDUARDO GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 11841 SW 35th 83 84 City MIAMI FL 85 Zip Code 33175	
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 <i>Eduardo Garcia</i> DATE April 15, 1999 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE NAME JULIAN C. SIMERLY STREET ADDRESS 3305 N.W. 79 AVE CITY-ST-ZIP MIAMI FL 33122-1015	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE EXECUTIVE VICE PRESIDENT <input type="checkbox"/> DELETE NAME JEFFERY W. SWEEN STREET ADDRESS 1101 ENTERPRISE DRIVE CITY-ST-ZIP ROYERSFORD, PA 19468	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE NAME WILLIAM E. BOWMAN STREET ADDRESS 3305 N.W. 79 AVE CITY-ST-ZIP MIAMI, FL 33122-1015	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE TREASURER <input type="checkbox"/> DELETE NAME EDUARDO GARCIA STREET ADDRESS 11841 SW 35th CITY-ST-ZIP MIAMI, FL 33175-3103	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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:

Eduardo Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Garcia - Treasurer

1-25-99

Date

305-592-1500

Daytime Phone

CR2E034 (11/98)