

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90014 032 ***550.00

DOCUMENT # **P98000028452**

Corporation Name

RENARD INDUSTRIES, INC.



Principal Place of Business

**MADERIA AVENUE
SUITE 2101
CORAL GABLES FL 33134**

Mailing Address

**159 MADERIA AVENUE
SUITE 2101
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0830554

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASS, MORTIMER H ESQ.
9000 S.W. 87 COURT
SUITE 105
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. E	President	<input type="checkbox"/> DELETE
2. IE	Howard Gross	
3. EET ADDRESS	13647 DEERING BAY DR. #141	
4. Y-ST-ZIP	CORAL GABLES, FL 33158	
5. E		<input type="checkbox"/> DELETE
6. AE		
7. EET ADDRESS		
8. Y-ST-ZIP		
9. E		<input type="checkbox"/> DELETE
10. AE		
11. EET ADDRESS		
12. Y-ST-ZIP		
13. E		<input type="checkbox"/> DELETE
14. AE		
15. EET ADDRESS		
16. Y-ST-ZIP		
17. E		<input type="checkbox"/> DELETE
18. AE		
19. EET ADDRESS		
20. Y-ST-ZIP		
21. E		<input type="checkbox"/> DELETE
22. AE		
23. EET ADDRESS		
24. Y-ST-ZIP		

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

HOWARD GROSS

1.3 STREET ADDRESS

13647 DEERING BAY DR. #141

1.4 CITY-ST-ZIP

CORAL GABLES, FL 33158

2.1 TITLE

SECT TREASURER

☒ Change ☐ Addition

2.2 NAME

RENEE GROSS

2.3 STREET ADDRESS

13647 DEERING BAY DR. #141

2.4 CITY-ST-ZIP

CORAL GABLES, FL 33158

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

9/1/99

305-2522436

CR2E034 (5/99)