

SECOND 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**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90015 017 \*\*\*158.75

DOCUMENT # **P98000036450**

1. Corporation Name

**RENNYLUC ENTERPRISES, INC.**



Principal Place of Business

**12129 SW 11TH CT.  
PEMBROKE PINES FL 33025**

Mailing Address

**12129 SW 11TH CT.  
PEMBROKE PINES FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/20/1998**

4. FEI Number

**65-0833889**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election, Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 907 SW 122 AVE.**

2a. Mailing Address

**26 907 SW 122 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City, & State

28 City, & State

24 Zip

Country

**25 BROWARD**

29 Zip

Country

**30**

9. Name and Address of Current Registered Agent

**LUCANESE, RINOLDI  
12129 SW 11TH CT.  
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
NAME **LUCANESE, RINOLDI**  
STREET ADDRESS **12129 SW 11TH CT.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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.

SIGNATURE:

**Rinoldi Lucanese**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-99**

**(954) 450-6432**

Date

Daytime Phone #

CR2E034 (5/99)

P98000036450  
588284-90015-19

July 7, 1999

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: 1999 Profit Corporation Annual Report  
Document #P98000036450  
Rennyluc Enterprises, Inc.

Gentlemen:

Attached please find the above-mentioned Annual Report along with my check for one hundred fifty-eight dollars and seventy-five cents (\$158.75).

This "second notice" is the first notice I have received. Yesterday I called the telephone number listed to explain my situation and was told to remit \$150.00 along with a letter of explanation. The additional \$8.75 is for a Certificate of Status.

As a small business owner, I am very diligent with my paperwork. When I receive mail which needs to be referred to my bookkeeper for processing, it goes in a particular folder to await her bi-weekly arrival. Then pertinent matters are handled, including the payment of fees, taxes, and bills. Also, since Rennyluc Enterprises, Inc. is a *very small* business, there is not a lot of possibility of losing paperwork because I am not exactly overrun with business or papers. That is why I am stymied with the arrival of this "second notice".

However, recently I have received other people's mail in my mailbox. Possibly this has happened to others in my development and they have not been as considerate as I in making sure the mail is re-routed to the proper owner. This is the only explanation I can think of regarding this matter.

My corporation is only one year old, so I would not have been looking for this document to be coming from you, not having established a track record of familiarity with your department yet.

---

Please take this honest explanation into consideration and forgive the \$400.00 late fee.

Sincerely,

Rennyluc Enterprises, Inc.

*Rinoldi Lucanese*

Rinoldi Lucanese  
President

New address as of 7/1/99:  
907 SW 122 Ave.  
Pembroke Pines, FL 33025