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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90229 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000041257

1. Corporation Name
RENEE AMARO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 309 JEFFERSON AVE., S. OLDSMAR FL 34677
Mailing Address: 309 JEFFERSON AVE., S. OLDSMAR FL 34677

3. Date Incorporated or Qualified: 05/04/1998
4. FEI Number: 59-3509775
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [X] No

2. Principal Place of Business: 21 30603 U.S. 19 N. 22 Suite, Apt. #, etc. 23 Palm Harbor, FL 24 Zip 34684 25 Country Pinellas 26 27 28 29 30

9. Name and Address of Current Registered Agent
AMARO, RENEE M
309 JEFFERSON AVE., S.
OLDSMAR FL 34677

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: Renee M. Amaro, President DATE: 3-4-99

12. OFFICERS AND DIRECTORS
D AMARO, RENEE M
309 JEFFERSON AVE., S.
OLDSMAR FL 34677

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, with all other like empowered.

SIGNATURE: Renee M. Amaro DATE: 3-4-99 DAYTIME PHONE #: 727-781-8446

CR2E034 (11/98)