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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000086208**1. Corporation Name

OLD WORLD BENAISSANCE

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90136 010 ***150.00

OLD WO	ORLD RENAISSANCE, INC.			T STANIOTE HIE REISE FORM BOWN BOWN BOWN BEING BE	
			<u> </u>		
Principal Place	e of Business	Mailing Address			
8625 TWIN LAKE DRIVE 8625 TWIN LAKE DRIVE					
BOCA RATON FL 33496 BOCA RATON FL 33496			DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualifed	
				10/05/1998	
2. Principal P	lace of Business	2a. Mailing Address		. EELAlumber	Applied For
21		26		165-0871252	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	nt Registered Agent	81 Name	10. Name and Address of New Register	ea Agent
CLIA	DOM TAMES A				
SHARON, JAMES A			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
8625 TWIN LAKE DRIVE BOCA RATON FL 33496			<u></u>		
600	A HATON FL 33490		83		
			84 City		85 Zip Code
					of shareing its registered
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above-named cor horized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation.	e of Florida. Such change was aut	nonzea by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florid	nonzed by the corporation in Statutes.	non's board of directors, it hereby accept the ap	pointurient as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floric	norized by the corporation Statutes. **Registered Agent signature requirements**	red when reinstating) DATE	pointinent as registered
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida. Such change was aut ations of, Section 607.0505, Florid and and title if applicable. (NOTE: R ND DIRECTORS	honzed by the corporation of the	non's board of directors, it hereby accept the ap	pointinent as registered
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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 of 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 attachning with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Daytime Phone #

R2F034 (11/98)