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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24895

(2)

Malling Address

J. RENEE'S, INC.

Principal Place of Business

FILED Apr 25 1997 8:00am Secretary of State

|--|

1515 S FEDERAL HWY STE B-9 BOCA RATON FL 33432		1515 S FEDERAL HWY STE B-3 BOCA RATON FL 33432-745			
				3. Date Incorporated or Qualified 01/11/1991 4. FEI Number	3a. Date of Last Report 04/08/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Applied For
21		26			Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	27		Si8.75 Additional Fee Required
City & State		City & State	├ ─ ┐ ´		\$5.00 May Be
23		28	Causta	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes Kino
24	25 Name and Address of	29 3 Current Registered Agent	30	10. Name and Address of New Re	
DOT	SON, BRENDA	Outlant trogletor ou rigori	81 Name	7 1	
	S S FEDERAL HWY			srenda Johnson	
STE			82 Street Add	dress (P.O. Box Number is Not Acceptat	
	A RATON FL 33432		83		~~
DOU	A MAIUN FL 33432		<u> 50</u>	ite I(t	
	_	_	84 City 2	boca Katon	FL [85] Zin Code 22/32
44 Pursuant t	o the provisions of Sections	07 050 and 607, 1508, Florida Statute	s. the above-named cor	rporation submits this statement for the	
office or n	egiste and agent, or both, in the	ha State of Florida. Such change was au	uthorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment as registered
	u) taguntar with and accept in	e soligation, et l'escriuit du r.0003, e loi	nda statutes.	,	1-28-97
SIGNATURE	Aguature typical bil printed name of regin	stered agent and It of applicable. (NOTE:	Registered Agent signature requ	dred when reinstaling)	DATE
12,		RS AND DIRECTORS	1 13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TILE	DP	DELETE	11 TOTAL	P	Change Addition
NAME	DOTSON, BRENDA		1.2 NAME	lenda Johnspa	
STREET ADDRESS	1515 S. FEDERAL HWY	STE. #117	1.3 STREET ADDRESS	515 spederal Hwy	#11 /
CITY - ST - ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	senda Johnson 115 spederal Hwy Boca Raton FL	33432
THEF		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		,
STREET ADDRESS			2.3 STREET ADDRESS	•	1
CiTY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		,
1			3.4. CITY - ST - ZIP		•
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition
NAME.			4. 2 NAME		-
			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST ZiP		☐ DELETE	5.1 TITLE		Change Addition
TITLE NAME			5.2 NAME		
1 1			5.3 STREET ADDRESS		1
STREET ADDRESS			ľ		
C(1Y+S1-ZIF		C DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
THUE		La Deceta	6.2 NAME		
NAME			6.3 STREET ADDRESS		1
STREET ADDRESS					1
CITY - ST - ZIP	my postify that the information	supplied with this Mina does not qualify	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statut	es. I further certify that the

4. Loo norsely certify that the information supplied with misting does not quality for the exemption stated in Section 119.07(3)(I), Fixed Statutes. I further certify that 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 trustage 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:

AND ANGES OF BENEFEC NAME OF SIGNAL OFFICER OR DIRECTOR

1-28-97

(407)750-6834