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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10308
1. Corporation Name
RENEGADE SYSTEMS INC

Principal Place of Business Mailing Address
**13244 112th ST N
LARGO, FL 33778**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<u>2/17/92</u>		<u>4/96</u>
4.	FEI Number		Applied For
	<u>59-3111506</u>		<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

~~STEVEN R. LOMICKA~~ **WELSH, KATHLEEN**
~~13244 112th ST N~~ **2575 OLMBROOK**
~~LARGO, FL 33778~~ **SUITE 301**
CLEARWATER, FL
33716

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	STEVEN R. LOMICKA	
STREET ADDRESS	13244 112th ST N	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN R. LOMICKA	
1.3 STREET ADDRESS	13244 112th ST N	
1.4 CITY-ST-ZIP	LARGO, FL 33778	
2.1 TITLE	100002259801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-08/06/97--01096--025	
2.3 STREET ADDRESS	****165.00 ****165.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

8-5-97

14. I do 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)

July 11, 1997

(2)

TO WHOM IT MAY CONCERN

We have included the \$165.00 Fee for the Profit Corporation Annual Report. The business moved and two requests were made via voice automated systems to receive a form to submit fees prior to May 1st with no success. Our address was changed on our corporate return, but the information didn't seem to get forwarded when the time came to forward the corporation paperwork. We apologize for the late filing based on incorrect information, please waive penalty.

Thank you in advance.

Sincerely,



Steven R. Lomioka
President - Renegade Systems Inc.