FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53996 (7)

1. Corporate Name
RENAISSANCE CONSTRUCTION CORPORATION

Principal Place of Business
P O DRAWER 1149
SANFORD FL 32772

Mailing Address
P O DRAWER 1149
SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 736 Keeneland Pike
Suite Apt # or
22
City & State
23 Lake Mary Florida
Zip
24 32746
25 Seminole

2a. Mailing Address
26 736 Keeneland Pike
Suite Apt # or
27
City & State
28 Lake Mary Florida
Zip
29 32746
30 Seminole

4. FEI Number: 59-3137137
Applied For
Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
COOVER, STEPHEN H.
230 NORTH PARK AVENUE
SANFORD FL 32772

10. Name and Address of New Registered Agent
81 Name: James A. Graziano
82 Street Address (P.O. Box Number is Not Acceptable): 736 Keeneland Pike
83
84 City: Lake Mary FL 85 Zip Code: 32746

11. Pursuant to the provisions of Section 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: James A. Graziano V.P. James A. Graziano 4-27-95
Signature of Registered Agent — Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS
TITLE D NAME GRAZIANO, ROSALINDA S. STREET ADDRESS 736 KEENELAND PIKE CITY ST ZIP LAKE MARY FL	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY ST ZIP
TITLE D NAME GRAZIANO, JAMES A. STREET ADDRESS 736 KEENELAND PIKE CITY ST ZIP LAKE MARY FL	TITLE [ ] Change [ ] Addition NAME STREET ADDRESS CITY ST ZIP
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14. I do hereby certify that the information supplied with this filing is substantially identical and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 above, or on an attached sheet with any additions.

SIGNATURE: James A. Graziano James A. Graziano 4-27-95 407-321-0183
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418669 FP