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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

V53996

(7)

RENAISSANCE CONSTRUCTION CORPORATION

Country

9. Name and Address of Current Registered Agent

25

GRAZICUO, JAMES A. 736 KEENELAND PIKE

| 736 KEENELAND PIKE LAKE MARY FL 32746 US |
|--|
|--|

Suite, Apt. #, etc

City & State

21

22

23

24

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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736 KEENELAND PIKE LAKE MARY FL 32746-3951

FILED Apr 28 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/01/1996

3. Date incorporated or Qualified

07/24/1992

<u>59-3137137</u>

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

| LAKE MARY FL 32746 | | | -2.2 | | | | | | | |
|---|------------------------|-------------|------------|-----------|-----------|---|---------|-------|------------|--|
| | | | 83 | | 4 | | | | | |
| | | | 84 | City | | FL | 85 | Zip C | ode | |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named composition 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 Signatine, byte-diptipringer name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTOR | | 13. | ent signa | | CHANGES TO OFFICERS AN | D DIREC | CTORS | S IN 12 | |
| 1016 | D | DELETE | 1.1 TITLE | | 712011011 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ch | | Addition | |
| NAME | GRAZIANO, ROSALINDA S. | ** " | 1.2 NAME | | | | | • | | |
| STREET ADDRESS | 738 KEENELAND PIKE | | 1.3 STREE | | ss | | | | 1 | |
| CPY-S1-7P | LAKE MARY FL | | 1.4 CITY- | ST-ZIP | | | | | | |
| TITLE | D | DELETE | 2.1 TITLE | | PID | | Ch. | ange | Addition | |
| NAME | GRAZIANO, JAMES A. | | 2.2 NAME | | | 1 | | | | |
| STREET ADDRESS | 736 KEENELAND PIKE | | 2.3 STREE | T ADDRES | ss | | | | Ì | |
| CHY-S1-ZIP | LAKE MARY FL | | 2. 4 City- | ST-ZIP | | ₩ , | | | | |
| TITLE | | DELETE | 31 TITLE | | | | Ch | ange | Addition | |
| NAME | | | 3.2 NAME | | | | | | Į. | |
| STREET ADDRESS | | | 3.3 STREE | T ADORES | \$\$ · | | | | | |
| CUY-SI-ZIP | | | 3.4. CITY- | ST-ZIP | <u> </u> | | | | | |
| THEF | | DELETE | 4.1 TITLE | | | | Ch | ange | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ATERESS | | | 4.3 STREE | T ADDRES | SS | | | | | |
| CITY-S1-780 | | | 44 CITY- | ST-ZIP | | | | | | |
| 1/ILF | | ☐ DELETE | 5.1 TITLE | | | | Ch | ange | Addition | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRES | SS | | | | 1 | |
| CITY - S1 - ZIP | | | 5.4 CITY- | ST-ZIP | | | | | | |
| THILE | | DELETE | 6.1 TITLE | | | | Ch | ange | Addition | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 63 STREE | T ADDRES | SS { | | | | 1 | |
| CITY - ST - 7IP | | | 64 CITY- | | | | | | | |
| 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. | | | | | | | | | | |

Country

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