

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V58185** (2)

1. Corporation Name

RENAISSANCE HOMES, INC.



Principal Place of Business

**837 SE 8TH AVE.
STE. 201
DEERFIELD FL 33441**

Mailing Address

**837 SE 8TH AVE.
STE. 201
DEERFIELD FL 33441**

2. Principal Place of Business

21 **3431 SW 11 STREET**

Suite, Apt. #, etc.

22

City & State

23 **Deerfield, FL**

Zip

24 **33442**

Country

2a. Mailing Address

26 **3431 SW 11 STREET**

Suite, Apt. #, etc.

27

City & State

28 **Deerfield, FL**

Zip

29 **33442**

Country

9. Name and Address of Current Registered Agent

**YARBROUGH, MERRILL
837 SE 8TH AVE.
STE. 201
DEERFIELD FL 33441**

81 Name

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

3431 SW 11 ST

83

D

84 City

Deerfield

FL

85

Zip Code

33442

3. Date Incorporated or Qualified

08/18/1992

3a. Date of Last Report

11/27/1995

4. FEI Number

65-0356241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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 ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D YARBROUGH, MERRILL**
STREET ADDRESS **837 SE 8TH AVE., STE. 201**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

Date

Daytime Phone #

CR2E034 (12/95)