

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 11:10:01**

**DOCUMENT # G44757 (4)**

1. Corporation Name

**BANYAN RESORT MANAGEMENT, INC.**

Principal Place of Business

**323 WHITEHEAD ST.  
KEY WEST FL 33040**

Mailing Address

**323 WHITEHEAD ST.  
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/21/1983**

3a. Date of Last Report

**04/07/1994**

4. FEI Number

**59-2439534**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

**KIER, VANCE W.  
517 DUVAL STREET  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

NAME

**KIER, VANCE W.**

STREET ADDRESS

**517 DUVAL ST**

CITY - ST - ZIP

**KEY WEST FL**

TITLE

**VD**

NAME

**RUSSELL, GILBERT M.**

STREET ADDRESS

**SAFE HARBOUR MARINA**

CITY - ST - ZIP

**KEY WEST FL**

TITLE

**STD**

NAME

**KIER, JOAN**

STREET ADDRESS

**517 DUVAL STREET**

CITY - ST - ZIP

**KEY WEST FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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Change

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Addition

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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:

*Gilbert M. Russell, Jr.*

**GILBERT M. RUSSELL, JR. 6/9/95 (305) 296-7786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 82 2111

CR2E034 (3/95)