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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90054 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M48105

1. Corporation Name
 BANGER & ASSOCIATES, INC.



Principal Place of Business: 17097 GLENVIEW AVE. PORT CHARLOTTE FL 33954 US
 Mailing Address: 17097 GLENVIEW AVE. PORT CHARLOTTE FL 33954 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6633-53rd AV. E. Suite, Apt. #, etc. 22 C97 City & State 23 BRADENTON, FL. Zip 24 34203 Country 25 US
 2a. Mailing Address: 26 6633 53rd AV. E. Suite, Apt. #, etc. 27 C97 City & State 28 BRADENTON, FL. Zip 29 34203 Country 30 US

3. Date Incorporated or Qualified: 03/11/1987
 4. FEI Number: 59-2776287 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent
 BANGER, HARRIS
 17097 GLENVIEW AR
 PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent
 81 Name: BANGER, HARRIS
 82 Street Address (P.O. Box Number is Not Acceptable): 6633-53rd AV. E.
 83 City: C97
 84 City: BRADENTON FL 85 Zip Code: 34203

NEW ADDRESS ONLY ->

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		DELETED
TITLE	PS	<input type="checkbox"/>
NAME	BANGER, HARRIS	
STREET ADDRESS	17097 GLENVIEW AR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VT	<input type="checkbox"/>
NAME	BANGER, MARILYN	
STREET ADDRESS	17097 GLENVIEW AR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BANGER, HARRIS		
1.3 STREET ADDRESS	6633 53 rd AV. E. C97		
1.4 CITY-ST-ZIP	BRADENTON, FL. 34203		
2.1 TITLE	VT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BANGER, MARILYN		
2.3 STREET ADDRESS	6633-53 rd AV. E. C97		
2.4 CITY-ST-ZIP	BRADENTON, FL. 34203		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED DATE: 4-12-99 (941) 727-4880

CR2E034 (1/198)