

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 10 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N46813 (4)

1. Corporation Name
THE BANKS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 1900 CORPORATE BLVD. SUITE 200 WEST BLDG BOCA RATON FL 33431-7340 | Mailing Address 1900 CORPORATE BLVD. SUITE 200 WEST BLDG. BOCA RATON FL 33431-7340 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/14/1992 | 3a. Date of Last Report 04/15/1994 |
| 4. FEI Number 65-0308530 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 1211 S. Military Trail Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 1211 S. Military Trail Suite, Apt. #, etc. 27 |
| City & State 23 Deerfield Beach, Florida | City & State 28 Deerfield Beach, Florida |
| Zip 24 33442-7632 | Country 25 Broward |
| Zip 29 33442-7632 | Country 30 Broward |

9. Name and Address of Current Registered Agent

BANKS, DAVID P.
~~1900 CORPORATE BLVD., NW
 SUITE 200
 BOCA RATON FL 33431-7340~~

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Banks, David P. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1211 S. Military Trail |
| 83 |
| 84 City Deerfield Beach, |
| 85 Zip Code FL 33442 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-------------------|---|
| TITLE D | BANKS, DAVID P. |
| NAME | 1900 CORPORATE BLVD., NW BOCA RATON FL |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE D | BANK, MALVIN E. |
| NAME | 1100 NATIONAL CITY BANK CLEVELAND OH |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE D | SPECTOR, MARTIN C. |
| NAME | 4040 EMBASSY PKWY. AKRON OH |
| 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

| | |
|---|---|
| 11 TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME Banks, David P. | |
| 13 STREET ADDRESS 1211 S. Military Trail | |
| 14 CITY - ST - ZIP Deerfield Beach, Florida 33442 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: X *David P. Banks* June 29, 1995 (407)994-4343
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
David P. Banks

CR2E037 (3/95)