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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381207

BANKS REALTY OF BREVARD, INC.

(0)

Mailing Address

FILED May 02 1997 8:00am Secretary of State



600 8 MIRAMAR AVENUE INDIALANTIC FL 32803		600 8 MIRAMAR AVENUE INDIALANTIC FL 32903-3247						
					3. Date Incorporated or Qualified 04/28/1971	3a. Date of Last Report 07/30/1996		
Principal Place of Business The Principal Place of Business The Principal Place of Business		28. Mailing Address 26		4. FEI Number 59-1351094		Applied For Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat 23	е	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 24	Country 25	Zip 29	Countr 30	у		☐ Yes [] No	s. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered /	\gent	
	iks, douglas t.		81	Name				
325 MIAMI AVENUE Indialantic FL 32803			62		Address (P.O. Box Number is Not Accepta	ble)		
			8:	<u>'</u>				
			64	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
SIGNATUFE	Signative types to protoct name of ropetimed.				corporation submits this statement for the poration's board of directors. I hereby accompanies to the property of the property	DATE		
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NAME	BANKS, DOUGLAS T		1.2 NAME					
STREET ACORESS	325 MIAMI AVENUE		1.3 STREE	T ADDRESS				
CITY - ST ZIP	INDIALANTIC FL 32903		1.4 CITY	ST-ZIP				
TOLE	VS	☐ DELETE	2.1 TIFLE				☐ Change	Additio
MAME	BANKS, SARA L 325 MAMI AVENUE		2.2 NAME					
STREET ADDRESS	INDIALANTIC FL 32903			T ADDRESS				
CHY-ST-7/P THEF	MANAGEMENT OF PERSON	DELETE	2.4 CITY 3.1 TITLE				Change	Additio
HAME			3.2 NAME				ondango	···aamo
STREET ADDRESS				1 ADDRESS	:		•	
C-TY - S1 - ZIP			3.4. CITY	ST-ZIP				
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NAME			4. 2 NAM		·			
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NAME		La becere	5.2 NAME			. *	- compo	
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City - St - 7iP			5.4 CITY-			•		
THUE	And the same of th	☐ DELETE	6.1 TITLE				Change	Additio
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	T ADDRESS				
C(Ty C1 20)			CADITY	et au				

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.

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

SIGNATURE:

THATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

28 April 1909

107/723-0934 Daylic Effore 1