FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **485690** **(2)**

1. Corporation Name
BANYAN BOOKS, INCORPORATED

Principal Place of Business	Mailing Address
8205 S.W. 63 PLACE MIAMI FL 33143 US	P. O. BOX 43160 MIAMI FL 33243-1160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/05/1975**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business
21 P.O. Box 431160
Suite, Apt. #, etc. 22
City & State 23 MIAMI FL
Zip 24 33243-1160 Country 25 USA

2a. Mailing Address
26 P.O. Box 431160
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1652440** ☐ 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

9. Name and Address of Current Registered Agent

EDELEN, ELLEN A
8205 S W 63 PLACE
MIAMI, FLORIDA
33143

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 of current registered agent if changing registered office. If applicable) (Of Registered Agent signature not required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	EDELEN, ELLEN A	12 NAME	
STREET ADDRESS	8205 SW 63RD PLACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	33143
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	ENTORF, ROBERT L.	22 NAME	
STREET ADDRESS	RFD 1, BOX 88	23 STREET ADDRESS	
CITY ST ZIP	ALBERT LEA MN	24 CITY ST ZIP	56007
TITLE	VP	31 TITLE	☐ Change ☒ Addition
NAME	O'CONNELL, JOHN D	32 NAME	
STREET ADDRESS	956 SANDLEWOOD LANE	33 STREET ADDRESS	
CITY ST ZIP	ROCKLEDGE, FL 00000	34 CITY ST ZIP	32955
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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.

SIGNATURE: Ellen A. Edelen 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ELLEN A. EDELEN

0451341 FP