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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90073 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 485690 1. Corporation Name BANYAN BOOKS, INCORPORATED			
Principal Place of Business		Mailing Address	
PO BOX 431160 MIAMI FL 33243 US		PO BOX 431160 MIAMI FL 33243-1160 US	
2. Principal Place of Business		2a. Mailing Address	
21 2390 BAYVIEW LN Suite, Apt. #, etc.		26 2390 BAYVIEW LN Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 N. MIAMI FL Zip Country		28 N. MIAMI FL Zip Country	
24 33181 25 US		29 33181 30 US	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EDELEN, ELLEN A 8205 S W 63 PLACE MIAMI FL 33143		81 Name MAUREEN BRODY HARWITZ 82 Street Address (P.O. Box Number is Not Acceptable) 2390 BAYVIEW LANE 83 84 City NORTH MIAMI FL 85 Zip Code 33181	
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 MAUREEN BRODY HARWITZ <i>Maureen Brody Harwitz</i> 4/16/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELEN, ELLEN A	1.2 NAME	ENTORF, ROBERT L.
STREET ADDRESS	8205 SW 63RD PLACE	1.3 STREET ADDRESS	RFD 1, BOX 88
CITY-ST-ZIP	MIAMI, FL 33143	1.4 CITY-ST-ZIP	ALBERT LEA MN 56007
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S. MARJORIE ENTORF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTORF, ROBERT L.	2.2 NAME	RR #1, Box 88
STREET ADDRESS	RFD 1, BOX 88	2.3 STREET ADDRESS	ALBERT LEA, MN 56007
CITY-ST-ZIP	ALBERT LEA MN 56007	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP O'CONNELL, JOHN D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN D	3.2 NAME	956 Sandlewood Lane
STREET ADDRESS	956 SANDLEWOOD LANE	3.3 STREET ADDRESS	ROCKLEDGE, FL 32780
CITY-ST-ZIP	ROCKLEDGE, FL 32780	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Robert L. Entorf, **ROBERT L. ENTORF** 04/23/99 373-5867 (507)

CR2E034 (11/98)