SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



FILED Sep 24 1998 8:00am Secretary of State

1	n Name	" G44/	'0 <i>1</i> (4)				
BANYAN RESORT MANAGEMENT, INC.							
DANTAI	i iicooiii	MUNACIME	···· :•··· :	<i>x</i> /		A LOBINA BOLL BIBLI GERLI ABBR BLILL LORG BORN BIBLI DERSE BIBLI BERLI BERLI BERLI BERLI BERLI BERLI BERLI BERLI	(E)
			7	•			
Principal Place of Business			Mailing Address				Į
323 WHITEHEAD ST.			•	323 WHITEHEAD ST.			
KEY WEST FL 33040				KEY WEST FL 33040			
						DO NOT WRITE IN THIS SPACE	
<u> </u>						3. Date Incorporated or Qualified	
L						06/21/1983	
2. Principal P	lace of Busin	ess	2e. Mailing Addres	— ·		4. FÉI Number Applied For	
Suite, Apt.	# ota		26 Suite Ant # o	Suite, Apt. #, etc.		59-2439534 Not Applical	
l	22			27		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State				City & State		B. Election Campaign Financing \$5.00 May Be	\dashv
23			28	28		Trust Fund Contribution Added to Fees	_
Zip		Country	Zip		ountry	8. This corporation owes or has paid the current year intangible	
24		25	29	30		Personal Property Tax due June 30. Yes No	
			Current Registered Agent		81 Name	10. Name and Address of New Registered Agent	\dashv
	, VANCE W				O I Name	•	ŀ
	517 DUVAL STREET					ess (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040					83		
1							
					84 City	FL 85 Zip Code	
11. Pursuant	t to the provis	ions of sections 60	7.0502 and 607.1508, Florida	Statutes, the a	bove-named corpora	ation submits this statement for the purpose of changing its registered	ヿ
office or	regi ste red ag am f ami liar w	ent, or both, in the ith, and accept the	State of Florida. Such change obligations of, section 607.05	was authorize 05. Florida Sta	ed by the corporatio atutes	n's board of directors. I hereby accept the appointment as registered	
SIGNATURE		,	9	,			
	Signature, typed		ared agent and title if applicable.		stered Agent signature requi		
12.		OFFICE	RS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	PD		L DELE		TITLE	Change Addit	on
NAME	KIER, VAN				NAME		
STREET ADDRESS	517 DUVA				STREET ADDRESS		
CITY-ST-ZIP	KEY WES	<u> </u>			CITY-ST-ZIP		
TITLE	VD OF I	OIL DECT. LA	DELE		TITLE	Change L Addit	ו מחו
NAME	323 WHIT	GILBERT M.		2.21	NAME		1
STREET ADDRESS		ELEAD 91			ADELT IDODEAN		
		T CI			STREET ADDRESS		
CITY-ST-ZIP	KEY WES	T FL		2.4 (CITY-ST-ZIP		
TITLE	STD		DELE	2.4 C TE 3.1 T	CITY-ST-ZIP TITLE	Change Additi	
TITLE NAME	STO KIER, JOA	N	DELF	2.4 C TE 3.1 T 3.2 N	CHTY-ST-ZIP HITLE NAME	Change Additi	
TITLE NAME STREET ADDRESS	STO KIER, JOA 517 DUVA	in L street	DECE	2.4 C TE 3.1 1 3.2 M 3.3 S	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addit	
TITLE NAME	STO KIER, JOA	in L street		2.4 C TE 3.11 3.2 M 3.3 S 3.4 C	CHTY-ST-ZIP HITLE NAME		ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STO KIER, JOA 517 DUVA	in L street	DELE	2.4 C TE 3.11 3.2 M 3.3 S 3.4 C YE 4.11	CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STO KIER, JOA 517 DUVA	in L street		24 C TE 3.11 3.2N 3.3 S 3.4 C YE 4.11 4.2N	CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME		ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STO KIER, JOA 517 DUVA	in L street		24 C TE 3.11 3.2 M 3.3 S 3.4 C YE 4.1 T 4.2 M 4.3 S	CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STO KIER, JOA 517 DUVA	in L street	DELE	240 TE 3.11 3.21 3.35 3.40 TE 4.11 4.21 4.38	CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO KIER, JOA 517 DUVA	in L street		24.0 TE 3.11 3.21 3.35 3.4.0 TE 4.11 4.21 4.35 4.4.0 TE 5.11	CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STO KIER, JOA 517 DUVA	in L street	DELE	24.0 TE 3.11 3.21 3.35 3.4.0 TE 4.17 4.21 4.38 4.4.0 TE 5.11 5.21	CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE VAME STREET ADDRESS CHY-ST-ZIP TITLE	☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STO KIER, JOA 517 DUVA	in L street	DELE	24.0 TE 3.11 3.21 3.38 3.4.0 TE 4.17 4.21 4.38 4.4.0 TE 5.11 5.24	CITY-S1-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP FITLE VAME STREET ADDRESS CITY-S1-ZIP TITLE VAME	☐ Change ☐ Additi	ion
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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 supplementational 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 received 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 chapted, or on an attachment with an address.

SIGNATURE:

305-2011-8609