FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # K50110

(1)

BANNER COLLECTIONS CORPORATION

BANNER COLLECTIONS CORPORATION								
Principa' Place of	f Business	Mailing Address	;					
9655 S. DIXIE I	HWY. STE. 114	9655 S DIXIE	HWY					
MIAMI FL 33156		SUITE 114 MIAMI FL 33156 US			3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1995			
	- I Dunisana	2a, Mailing Add	ress			4, FEI Number		Applied For
2. Principa! Place	2. Principa! Place of Business		Za. Waling Address			65-0097394 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		88.75 Additional Fee Required	
22		27						\$5.00 May Be
City & State		City & State	,			Election Campaign Financing Trust Fund Contribution		Added to Fees
23	Country	28 Zip		Country		8. This corporation has liability for	intangible tax u	nders 199.032,
Ζιρ 24	25	29		30		Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agen			T	10. Name and Address of New F	egistered Ag	aur
				81	1			
TREON, C				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
11228 SY				83		<u> </u>		
MIAMI FL	. 33156				ļ		 -	85 Zip Code
				84	1	ration submits this statement for the pured of directors. I hereby accept the app		
	Signature, typed or printed name of registered a	gent and little if applicable AND DIRECTORS	(NO	13.	ont signature require	on when reinstating and an analysis of the state of the s	DATE FICERS AND D	IRECTORS IN 12
12.			DELETE 1.1 TITLE			☐ Charge ☐ Addition		
NAME	TREON, GEORGE			1.2 NAMI	:			
STHEFT ADDRESS	9655 S DIXIE HWY. #114			1.3 STRE	ET ADDRESS			
CITY-S1-ZIP	MIAMI FL		ri e r	1.4 CHY			<u> </u>	Charige Addition
TITLE			ELETE	2 1 TITL 22 NAM			J	
NAME					ET ADORESS			
STREFT ADDRESS				2 4 CITY				
CITY+ST-ZIP TITLE			ELETE	3 1 TITL				Change Addition
NAME				3.2 NAM				
STREET ADDRESS					EET ADDRESS			
CITY - ST - 7IP		F7 F	DELETE	3 4 CITY 4 1 TITL	-ST-ZIP			Change Additio
Tilluf		Ľν	DELETE	4.2 NAM			_	
NAME				- 1	ET ADDRESS			
STREET ADDRESS				1	-ST-ZIP			
CHY-ST-ZIP THLE			DELETE	5 1 TiTi	E			Change 🔲 Additio
NAME				5 2 NAN				
STREET ADDRESS					EET ADDRESS			
CHTY - ST - ZIP			DELETE	5.4 CiTi 6 1 TiT	-ST-ZIP			Change Addition
TITLE		Ш	DELETE	6 2 NA			_	
NAME				1	EET ADDRESS			
STREET ADDRESS								
14. I do hereb	L by certify that the information supp	lied with this filing is vo	luntarily fur	mished and d	oes not qualify	y for the exemption stated in Section 1 irate and that my signature shall have t	19.07(3)(k), Flor he same legal e	ida Statutes. I fürther affect as if made und
14. I do hereb certify that oath; that appears in	by certify that the information suppart the information indicated on this till am an officer or director of the cin Block 12 or Block 13 if changes	alled with this filing is vo annual report or supple corporation or the receit , or on an attachment w	er or trust with an add	tee empowere dress	ed to execute t	y for the exemption stated in Section 1 irrate and that my signature shall have this report as required by Chapter 607,	Florida Statute	s; and that my i

CR2E034 (12/95)