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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L13738** (4)

1. Corporation Name

ARTHUR BANMAN & ASSOCIATES INC.



Principal Place of Business

P O BOX 5858
WINTER PARK FL 32793

Mailing Address

P O BOX 5858
WINTER PARK FL 32793

2. Principal Place of Business

2a. Mailing Address

21 **13316 Fairway Pointe Dr**

26 **13316 Fairway Pointe Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

City & State

City & State

23 **Orlando, FL**

28 **Orlando, FL**

Zip Country

Zip Country

24 **32828**

25 **USA**

29 **32828**

30 **USA**

9. Name and Address of Current Registered Agent

**BANMAN, ARTHUR
13316 FAIRWAY POINTE DR
ORLANDO FL 32828**

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, typed or printed name of registered agent and title (if applicable)

(If Not a Registered Agent Signature, registered agent's name)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P BANMAN, ARTHUR**
STREET ADDRESS **13316 FAIRWAY POINTE DR**
CITY-ST-ZIP **ORLANDO FL**

2. TITLE ☐ DELETE

NAME **VST BANMAN, DEE**
STREET ADDRESS **13316 FAIRWAY PT DR**
CITY-ST-ZIP **ORLANDO FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

5. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

6. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

407-658-1918

407-256-3495

Date

Daytime Phone #

CR2E034 (12/95)