

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90073 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32518

1. Corporation Name

BANNER FINANCIAL GROUP, INC.

Principal Place of Business

9000 COMMODORE DR
507
SEMINOLE FL 33776
US

Mailing Address

13799 PARK BLVD N #113
SEMINOLE FL 33776
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1989

4. FEI Number

59-2981030

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RONALD C WAGMAN
9000 COMMODORE DRIVE #507
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name

MARY R. WAGMAN

82 Street Address (P.O. Box Number is Not Acceptable)

9000 COMMODORE DR 507

83

84 City

SEMINOLE

FL

85 Zip Code

33776

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

MARY R. WAGMAN

MARY R. WAGMAN

PST

4/15/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST
NAME WAGMAN, RONALD C
STREET ADDRESS 9000 COMMODORE DR #507
CITY-ST-ZIP SEMINOLE FL 33776

TITLE D
NAME WAGMAN, MARY R
STREET ADDRESS 9000 COMMODORE DR #507
CITY-ST-ZIP SEMINOLE FL 33776

TITLE D
NAME JEFFERY C WAGMAN
STREET ADDRESS 9000 COMMODORE DR #507
CITY-ST-ZIP SEMINOLE FL 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME WAGMAN, RONALD C.
1.3 STREET ADDRESS 9000 COMMODORE DR. 507
1.4 CITY-ST-ZIP SEMINOLE, FL. 33776

2.1 TITLE PST
2.2 NAME WAGMAN, MARY R.
2.3 STREET ADDRESS 9000 COMMODORE DR. 507
2.4 CITY-ST-ZIP SEMINOLE, FL. 33776

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY R. WAGMAN

4/15/99

727-593-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)