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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 1 22518

	Corporation BANNER	FINANCIAL GROUP, INC.				
Pr	incipal Place	of Business	Mailing Address			
9000 COMMODORE DR 507 SEMINOLE FL 33776			13799 PARK BLVD N #113 SEMINOLE FL 33776 US		DO NOT WRITE IN THIS SPACE	
US		31/6	US		3. Date Incorporated or Qualifed 11/27/1989	
2. 21	Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, FEI Number 59-2981030	Applied For Not Applicable
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5,= Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	8	City & State	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	Country	Zip	Country	8. This corporation owes the current year	
24		9. Name and Address of Curre	29	30	Personal Property Tax.  10. Name and Address of New Registe	
	9000 SEMI	ALD C WAGMAN COMMDORE DRIVE #507 INOLE FL 33776	× .	83 September 183	dress (P.O. Box Number is Not Acceptable)  COMMODOR  ANNOLE	FL 85 Zip Code 33776
	office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was a ations of, Section 607.0505, Flo	iuthorized by the corporal orida Statutes	rporation submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its registered appointment as registered
s	office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	ations of, Section 607.0505, Flo  MARY  And and title if applicable.  (NOTE	uthorized by the corporal prida Statutes.  WAGMA  Registered Agent signature requirements.	Led when reinstating)  As T DATE TO SERVICE STREET OF STREET STRE	<b>15</b> /99
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP