

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Cecilia A. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY - 1 1996

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005954 (2)

1. Corporation Name

CORDIS DEVELOPMENT CORPORATION

Principal Place of Business

**14201 NW 60TH AVENUE
MIAMI LAKES FL 33014**

Mailing Address

**PO BOX 025700
MIAMI FL 33102-5700**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last Report 05/01/1994
4. FCI Number 65-0372393	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 has liability for intangible tax under 1995 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**HALL, DANIEL G
14201 NW 60TH AVE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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 Sections 607.01(2) and 607.15(1), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD NOVAK, ALFRED J. 14201 NW 60 AVE MIAMI LAKES FL	1. NAME	☐ Change ☐ Addition
2. NAME	DS HALL, DANIEL G 14201 N.W. 60 AVE. MIAMI LAKES FL	2. NAME	☐ Change ☐ Addition
3. NAME	T BARRETT, DIANE M. 14201 NW 60 AVE. MIAMI LAKES FL	3. NAME	☐ Change ☐ Addition
4. NAME	D STRAUSS, ROBERT C. 14201 NW 60 AVE MIAMI LAKES FL	4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct and that the corporation's annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 of this report, or as the authorized agent of the corporation.

SIGNATURE: *[Signature]* **4/28/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED
7/10
FILED

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000006288 (4)

1. Corporation Name

BANO CONCEPTS, INC.

Principal Place of Business

**7556 COVEDALE DR.
ORLANDO FL 32818**

Mailing Address

**7556 COVEDALE DR.
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

11/18/1992

3a. Date of last Report

05/01/1994

4. FET Number

59-3158784

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 has liability for information under its officers.
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State Apt # etc.

22. City & State

23. City & State

24. City & State

2a. Mailing Address

26. State Apt # etc.

27. City & State

28. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

**BANOCHOWSKI, JOAN C
4801 OLD OAK TREE CT.
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602.01(2), 602.01(3), and 602.1508, Florida Statutes, this 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 602.01(2), Florida Statutes.

SIGNATURE

(Signature of officer or director, or the registered agent, or the registered agent's representative)

(Signature of New Registered Agent, or the registered agent's representative)

or

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 NAME

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

12.13 NAME

12.14 NAME

12.15 NAME

12.16 NAME

12.17 NAME

12.18 NAME

12.19 NAME

12.20 NAME

12.21 NAME

12.22 NAME

12.23 NAME

12.24 NAME

12.25 NAME

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME

13.2 NAME

13.3 NAME

13.4 NAME

13.5 NAME

13.6 NAME

13.7 NAME

13.8 NAME

13.9 NAME

13.10 NAME

13.11 NAME

13.12 NAME

13.13 NAME

13.14 NAME

13.15 NAME

13.16 NAME

13.17 NAME

13.18 NAME

13.19 NAME

13.20 NAME

13.21 NAME

13.22 NAME

13.23 NAME

13.24 NAME

13.25 NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.01(2), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to make this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer with an address.

SIGNATURE:

Joan C. Banochowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR