

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90057 029 ***550.00



DOCUMENT # **P92000009624**

1. Entity Name

BANNER MANOR CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3104 S. ANDREWS AVE
Suite, Apt. #, etc.
FT LAUDERDALE FL 33316
City & State

3. Mailing Address
3104 S. ANDREWS AVE
Suite, Apt. #, etc.
FT LAUDERDALE FL 33316
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3151976
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HULL, FLOYD
Street Address (P.O. Box Number is Not Acceptable)
3104 S ANDREWS AVE
City FT LAUDERDALE FL Zip Code 33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, GEORGE JR 3104 S ANDREWS AVE FT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAYNE, BEVERLY J. 3104 S. ANDREWS AVENUE FT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly J. Payne* 6-20-03 954-525-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)