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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030508 (4)

BANS VENTURES, INC.

CITY-ST-ZIP

1					
Principal Pia	ce of Business	Mailing Address			A HINN MANTH BRING 1816; 1817 (83)
3248 HWY 17 GREEN COVE SPRINGS FL 32043		3248 HWY 17 Green Cove Sprink	GS FL 32043	DO NOT WRITE IN THIS SPACE	
:				Date Incorporated or Qualified     04/26/1993	
2. Principal	Place of Business	2a, Mailing Address		4. FE! Number	Applied For
21		26		59-3178650	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
	J, AMIR B		81 Name		
3248 HWY 17			<b>B2</b> Street	Address (P.O. Box Number is Not Acceptable)	<del></del>
04	reen cove springs fl 3204	3	83		
			84 City		85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	atutes, the above-named	corporation submits this statement for the purpos	se of changing its registered
office or	registered agent, or both, in the St am familiar with, and accept the ob-	de of Florida. Such change w	as authorized by the corp	poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE		ngthe-15 51, 000001 507.0000	, Florida diatates.		
SIGNATORE	Signalure, typed or prote traume of registered	agent and title if applicable (	(NOTE Registered Agent signature	required when reinstating) DAT	E
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	
TITLE	OP .	☐ DELETE	1.1 TITLE		Change Addition
NAME	ALI, AMIR B		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724	Document	1.4 CITY - ST - ZIP		
TITLE:	ABDUL, MALIK	☐ DELFTE	2.1 TITLE		Change L Addition
NAME CONCER ADDRESS	* 168 S COLORADO AVE		2.2 NAME		
	DELAND FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u></u>	DELETE	2 4 CITY-ST-ZIP 3 1 TITUE	<del></del>	Change Addition
NAME	* 1000 1990 1	μΩ	3.2 NAME		C Outside C Notation
STREET ADDRESS	3310 SW 35	7.10	3 3 STREET ADDRESS		
CITY-ST-ZIP	COMESAITE 3310 ZM 321 * WEN WDD 1	12- 33608	3.4. CITY-ST-ZIP		
TITLE		☐ DELET <b>e</b>	4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ · -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		5.4 CITY- ST- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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.

64 CITY-ST-ZIP