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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000087844

1. Corporation Name
Banyan Limousine, Inc,
201 N.W. 82nd Ave., Suite #205
Plantation, FL 33324

Principal Place of Business	Mailing Address
201 N.W. 82nd Ave. #205 Plantation, FL 33324	201 N.W. 82nd Ave. #205 Plantation, FL 33324

2. Principal Place of Business	2a. Mailing Address
21 201 N.W. 82nd Ave.	26 201 N.W. 82nd Ave.
Suite, Apt. #, etc 22 Plantation, FL	Suite, Apt. #, etc 27 Plantation, FL
City & State 23 33324	City & State 28 33324
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/7/93
3a. Date of Last Report: 3/96
4. FEI Number: 65-0456902 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Stephen L. Nemerofsky, M.D.
201 N.W. 82nd Ave., Suite #205
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: Stephen L. Nemerofsky, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 201 N.W. 82nd Ave.
83 Suite #205
84 City: Plantation FL 85 Zip Code: 33324

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 [signature] 4/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Stephen L. Nemerofsky, M.D.	
STREET ADDRESS	201 N.W. 82nd Ave., #205	
CITY-ST-ZIP	~~Plantation, FL 33324~~	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	☒ Change ☐ Addition
1 2 NAME	Stephen L. Nemerofsky, M.D.	
1 3 STREET ADDRESS	201 N.W. 82nd Ave., #205	
1 4 CITY-ST-ZIP	~~Plantation, FL 33324~~	
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	AW 4-24-97	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	800002156428 -04/28/97--01034--033 ***165.00	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4/2/97 954-474-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone