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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041366 (3)

ANNA BANANA, INC.

						<u> </u>
Principal Plac	e of Business	Mailing Address	Iress			## #
88707 OVERSEAS HWY #C102 ISLAMORADA FL 33036 US		96707 OVERSEAS HIGHWAY #C102 ISLAMORADA FL 33036-3140 US				
				3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0495871	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	· • • • • • • • • • • • • • • • • • • •		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Gountr 30	у	This corporation has liability for Florida Statutes	rintangible tax under s. 199.032, X Yes ☐ No
	9. Name and Address of Curr			т :	10. Name and Address of New R	
	GUSON, ANN		81	81 Name		
88707 OVERSEAS HIGHWAY #C102			82 Street Addr		ress (P.O. Box Number is Not Accepta	ble)
	MORADA FL 33036		83		THE PERSON NAMED OF THE PE	
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508, Florida Stat	ules, the abov	L. re-named corp	poration submits this statement for the	
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change wa igations of, Section 607.0505,	s authorized b Florida Statute	y the corporat s.	poration submits this statement for the lion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	arrived and title dimenticable (A)	OH: Dorachwood An	op' soggine requir	red when reinstating)	DATE
12.		ND DIRECTORS	13.	ion, signature requi	ADDITIONS/CHANGES TO OFFI	
TITLE	Р	DITE	1.4 TOLE			Change Addition
NAME	FERGUSON, ANN		1.⊉ NAME			
STREET ADORESS	86707 OVERSEAS HIGHWAY			T ADDRESS		
CITY-ST-ZIP TITLE	ISLAMORADA FL	DELETE	1.4 CITY - \$1 - 71P E 2.1 TITLE			Change Addition
NAME			2 2 NAME			E Grange E Augustur
STREET ADDRESS				LADORESS	•	
CITY-ST-ZIP			2-4 CITY-			
TITLE	TITLE DELETE					Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 \$ STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST - Zif*		
TITLE		☐ DELFTE	4 1 TITLE			Change Addition
NAME			4 '2 NAME			
STREET ADDRESS				1 AODRESS		
CITY-ST-ZIP		DELETE	4.4 City-:	ST · ZIP		Change Addition
NAME		ב_ נינוונ	5.1 TITLE			Change Addition
STREET ADDRESS			5.8 NAME 5.9 CTBLE	I ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 THLE	24 24		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			6.∮ CITY-			

14. I do 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 logal 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.

11/12/0n

(20c) OC 2 11