

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045370

1. Corporation Name
BANKS COCO, INC.

Principal Place of Business

2875 NE 191 ST.
#500
AVENTURA FL 33180

Mailing Address

2875 NE 191 ST.
#500
AVENTURA FL 33180

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90074 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1994

4. FEI Number

65-0511563

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5235 Coconut Creek Pkwy

Suite, Apt. #, etc.

22

City & State
23 MARGATE FL

Zip Country
24 33063 25 USA

2a. Mailing Address

26 5235 Coconut Creek Pkwy

Suite, Apt. #, etc.

27

City & State
28 MARGATE FL

Zip Country
29 33063 30 USA

9. Name and Address of Current Registered Agent

DENBERG, MICHAEL
2875 NE 191 ST.
#500
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name MICHAEL DENBERG

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

2875 NE 191 STREET

83 SUITE 802

84 City AVENTURA

85 Zip Code
FL 33180

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/99

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SPIELMAN, STANLEY
STREET ADDRESS 4364 KASSO CIR
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 954
969-7777
Date Daytime Phone #

CR2E034 (11/98)