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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045623 (3)

BANYAN CUSTOM HOMES, INC.

Principal Place of Business

805 ALAMEDA DRIVE MERRITT ISLAND FL 32952 US Mailing Address

205 ALAMEDA DRIVE MERRITT ISLAND FL 32952-6234

FILED May 09 1997 8:00am Secretary of State



US	10 12 02902		U\$	LOOP ORGI				
						3. Date Incorporated or Qualified 06/09/1994	3a. Date of Last Ro 05/01/1996	port
2. Principal P			2a. Mailing Address			4. FEI Number	├	olied For
21 200 HACIENDA DRIVE Sulte, Apt. #, etc.				26 200 HACIENDA DRIVE		59-3250971		Applicable
22 *****			Suite, Apt. #, etc.	5tille, Apr. #, etc		5. Certificate of Status Desired	\$8.75 A	
City & State	0		City & State	·		6. Election Campaign Financing		<u> </u>
	itt isl	and fl	28 MEDDITT	ISLAND	FL	Trust Fund Contribution	\$5.00 r	
Zig		Country	7 φ	Country		8. This corporation has liability for in		
24 329	<u>ک</u> ک		29 32952	30 U g	3A		Yes X No	100.002,
	9. Name	and Address of C	Current Registered Agent			10. Name and Address of New Reg	Istered Agent	
PRZ	ybylski, v	WILLIAM J II		81	Name			
	ALAMEDA			82	Street Addr	ess (F.O. Box Number is Not Acceptable	o)	
MEF	RITT ISLAI	ND FL 32952			<u> 30</u>	o hacienda Dr		
			•	83				
				84	City		85 Z ip C	ode
de Discount			570100		W	EDRITT ISLAND	- FL 1359	53
office or re	to the provis egistered ag	ions of Sections 60 jent, or both, in the	17.0502 and 607.1508, Florida Sta State of Florida. Such change w	atutes, the above- as authorized by	named corp the corporat	oration submits this statement for the pu ion's board of directors. I hereby accep	urpose of changing its tithe appointment as r	registered eaistered
agent. I a	m familiar wi	lth, and accept the	obligations of, Section 607.0505.	Florida Statutos.		, ,	11.	- 9
SIGNATURE	Signature typical	Lay purified name of requisit	ered agent and little if applicable (NOTE Registered Ages	Leiomalato son lin	and where resinct disease	DAI	
12.	Oignotore, typica		RS AND DIRECTORS	13.	s Squaront: Toquin	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	D	· · · · · · · · · · · · · · · · · · ·	DELF1E	1.1 TOLE			☐ Change	Addition
NAME	PRZYBYL	LSKI, WILLIAM J	H	1.2 NAME				
STREET ADDRESS	205 ALA	MEDA DRIVE		1.3 STREET A	DURESS			
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY - S1	ZIP			
TITLE			☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAMê				
STREET ADDRESS				2.3 \$18EE1 A	DDRESS			
CITY-ST-ZIP				2. 4 CITY - ST	- 7IP			
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NAME				3.2 NAMÉ				
STREET ADDRESS				3.3 STREET A				
CITY-ST-ZIP			DILETE	3.4. CITY - ST	- 21P			777 3500
TITLE NAME			ריין הנדבור	4.1 TILLE			L. Change	Addition
STREET ADDRESS				4. P NAME 4.3 STREET A	DODCĆĆ			
CITY-ST-ZIP								
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NAME			□ Millit	5.2 NAME			L_1 Onange	t radiiioii
STREET ADDRESS				5.3 STREET A	22 9000			
CITY-ST-ZIP				5.4 CITY - \$1-				
TITLE			DELETE	6.1 TITLE	-:'		Change	Addition
NAME				6.2 NAME	1			
STREET ADDRESS				6.3 STREET A	DDRESS			
CITY-ST-ZIP				6.4 CITY - ST-	1			

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 legal effect as if made under eath; 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.