

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

FILED
Apr 14 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000016140 (1)
 1. Corporation Name
BANYAN STREET, INC.



| | |
|--|---|
| Principal Place of Business 2633 NE 32ND ST FT LAUDERDALE FL 33306 | Mailing Address 2633 NE 32ND ST FT LAUDERDALE FL 33306-1513 |
|--|---|

| | | | | | |
|--------------------------------|-----------------------------------|---|---------------|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/19/1996 | 3a. Date of Last Report |
| 21 219 S ATLANTIC BLVD. | 26 219 South Atlantic Blvd | 4. FEI Number 650663310 | | Applied For Not Applicable | |
| 22 | 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 FT Lauderdale FL | 28 FT Lauderdale FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 33316 | 25 USA | 29 33316 | 30 USA | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MURDOCH, ROBERT E
 790 E BROWARD BLVD SUITE 400
 FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name EDWARD TOOMEY |
| B2 Street Address (E.O. Box Number is Not Acceptable) 219 S. ATLANTIC BLVD. |
| B3 |
| B4 City FT. LAUDERDALE |
| B5 Zip Code FL 33316 |

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 *Edward Toomey* **EDWARD TOOMEY** DATE **4-8-97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | VERINI, CHERYL | |
| STREET ADDRESS | 2633 NE 32ND ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | D SHIRLEY TOOMEY |
| 1.3 STREET ADDRESS | 2189 NE 34TH DRIVE |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE FL 33308 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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, changed, or on an attachment with an address.

SIGNATURE *Shirley Toomey* **SHIRLEY TOOMEY** DATE **4-8-97**

CR2E034 (9/96)