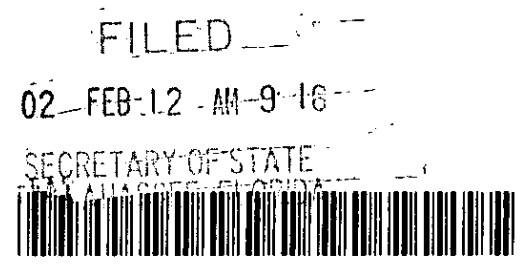


# 2002 UNIFORM BUSINESS REPORT (UBR)

0373616 AV

<b>DOCUMENT # P97000070749</b>			
1. Entity Name <b>BANYAN TRAILS, INC.</b>			
Principal Place of Business <b>123 NW 13TH ST., STE. 300 BOCA RATON FL 33432</b>		Mailing Address <b>123 NW 13TH ST., STE. 300 BOCA RATON FL 33432</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>SHAPIRO, DAVID 123 NW 13TH ST., STE. 300 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name <b>JOHN A. KRAYNICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 NW 13TH ST., SUITE 300</b> City <b>BOCA RATON</b> FL <b>33432</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JOHN A. KRAYNICK, VICE PRESIDENT 2-11-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>ENGELSTEIN, ALEC</b> STREET ADDRESS <b>123 NW 13TH ST., STE. 300</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	TITLE <b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>MON, ANTONIO B</b> STREET ADDRESS <b>4000 HOLLYWOOD BLVD. SUITE 500-N</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>KRAYNICK, JOHN A</b> STREET ADDRESS <b>123 NW 13TH ST., STE. 300</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	TITLE <b>VST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>LEIKERT, PAUL</b> STREET ADDRESS <b>123 NW 13TH ST SUITE 300</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE <b>VSTD</b> <input checked="" type="checkbox"/> Delete NAME <b>SHAPIRO, DAVID</b> STREET ADDRESS <b>123 NW 13TH ST., STE. 300</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>400005022344-1</b> STREET ADDRESS <b>-02/26/02--01091--009</b> CITY-ST-ZIP <b>***158.75 ***158.75</b>	TITLE <input type="checkbox"/> Delete NAME <b>P</b> STREET ADDRESS <b>ENGELSTEIN, HARRY</b> CITY-ST-ZIP <b>123 NW 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DV</b> <input type="checkbox"/> Delete NAME <b>MCADEN, TOMMY L</b> STREET ADDRESS <b>123 NW 13TH ST., STE. 300</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME <b>DV</b> STREET ADDRESS <b>DELIKANAKIS, YANNIS</b> CITY-ST-ZIP <b>123 NW 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **PAUL LEIKERT, V.P. 2-11-02 561-391-4012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)