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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90001 006 \*\*\*150.00



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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>   |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # <b>P98000074878</b>   |  |   |  |
| 1. Corporation Name<br><b>BANANA WIND SUPPLIERS, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>2921 SOUTHWEST 87 AVENUE<br/>UNIT 514<br/>DAVIE FL 33328</b>   |  | Mailing Address<br><b>2921 SOUTHWEST 87 AVENUE<br/>UNIT 514<br/>DAVIE FL 33328</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  |
| 9. Name and Address of Current Registered Agent<br><b>AMERILAWYER<br/>343 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name <b>Pamela Schneider</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2921 SW 87th Ave # 514</b><br>83<br>84 City <b>Davie</b> FL 85 Zip Code <b>33328</b>   |  |
| 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.<br>SIGNATURE <b>Pamela Schneider</b> Ples. <b>Pamela Schneider</b> 1/5/99<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>PD</b><br>NAME <b>SCHNEIDER, PAMELA</b><br>STREET ADDRESS <b>2921 SOUTHWEST 87 AVENUE, UNIT 514</b><br>CITY-ST-ZIP <b>DAVIE FL 33328</b><br>TITLE <b>STD</b><br>NAME <b>DAVIS, CARL D</b><br>STREET ADDRESS <b>2921 SOUTHWEST 87 AVENUE, UNIT 514</b><br>CITY-ST-ZIP <b>DAVIE FL 33328</b>  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: **Pamela Schneider** 1/5/99 954-423-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #