

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90127 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 826589

1. Corporation Name
BANFI PRODUCTS CORPORATION



Principal Place of Business
 1111 CEDAR SWAMP RD
 OLD BROOKVILLE NY 11545
 US

Mailing Address
 1111 CEDAR SWAMP RD
 OLD BROOKVILLE NY 11545
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
08/06/1971

4. FEI Number
13-4941010

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLEON, JL	1.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	1.3 STREET ADDRESS	1111 CEDAR SWAMP RD
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	1.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, HARRY	2.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	2.3 STREET ADDRESS	1111 CEDAR SWAMP RD
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	2.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, THERESE	3.2 NAME	
STREET ADDRESS	21 BANFI PLAZA	3.3 STREET ADDRESS	1111 CEDAR SWAMP RD
CITY-ST-ZIP	FARMINGDALE NY	3.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, JOHN F JR	4.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	4.3 STREET ADDRESS	1111 CEDAR SWAMP RD
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	4.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRE, LUCIO	5.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	5.3 STREET ADDRESS	1111 CEDAR SWAMP RD
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	5.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, PHILIP D	6.2 NAME	
STREET ADDRESS	1111 CEDAR SWAMP RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE NY	6.4 CITY-ST-ZIP	OLD Brookville N.Y. 11545

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 the attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **3/18/99** **(516)626-9200**
 SIGNATURES TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)