

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F49085 (6)**

1. Corporation Name  
**BANYAN BAY DEVELOPMENT CORPORATION**



Principal Place of Business: **255 ALHAMBRA CIR. 9TH FLOOR CORAL GABLES FL 33134**  
Mailing Address: **255 ALHAMBRA CIR. 9TH FLOOR CORAL GABLES FL 33134**

3. Date Incorporated or Qualified <b>10/08/1981</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2131704</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**KERRIGAN, JUANITA I.  
255 ALHAMBRA CIRCLE  
9TH FL  
CORAL GABLES FL 33134**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code
	<b>FL 85</b>

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	<b>Y SOPSHIN, JEFFREY 255 ALHAMBRA CIR. CORAL GABLES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>PD MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>VD GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>SD KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

1. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP
2. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP
3. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP
4. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP
5. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP
6. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Juanita I. Kerrigan* Secretary/Director 4/30/96 (305) 442-7000  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  
**JUANITA I. KERRIGAN**

CR2E034 (12/95)