

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-7412
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1981	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2131704	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KERRIGAN, JUANITA I. 255 ALHAMBRA CIRCLE 9TH FL CORAL GABLES FL 33134		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	
T NAME: SOPSHIN, JEFFREY STREET ADDRESS: 255 ALHAMBRA CIR. CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	T 1.1 TITLE 1.2 NAME: COLDITZ, LAWRENCE L. 1.8 STREET ADDRESS: 255 ALHAMBRA CIR. 1.4 CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: MCNAIRY, CHARLES STREET ADDRESS: 255 ALHAMBRA CIR. CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: GETMAN, DENNIS J. STREET ADDRESS: 255 ALHAMBRA CIR. CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: KERRIGAN, JUANITA I. STREET ADDRESS: 255 ALHAMBRA CIR. CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME: CARLSON, GARY L. 5.3 STREET ADDRESS: 255 ALHAMBRA CIR. 5.4 CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)