

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F49085 (6)**

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



Principal Place of Business <b>255 ALHAMBRA CIR. 9TH FLOOR                  CORAL GABLES FL 33134</b>	Mailing Address <b>255 ALHAMBRA CIR. 9TH FLOOR                  CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/08/1981</b>	
4. FEI Number <b>59-2131704</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T COLDTIZ, LAWRENCE L 255 ALHAMBRA CIR. CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE
PD MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE
VD GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE
SD KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE
V CARLSON, GARY L 255 ALHAMBRA CIR CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T RAMA, MICHAEL 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* 4/30/98 (205)442-7000

CFR2E034 (10/97)