

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 10 AM 9:22**

**DOCUMENT # L28654 (6)**

1. Corporation Name  
**CFB HOLDING CORPORATION**

Principal Place of Business <b>% CHASE FEDERAL BANK 7300 NORTH KENDALL DRIVE MIAMI FL 33156 US</b>	Mailing Address <b>% CHASE FEDERAL BANK 7300 NORTH KENDALL DRIVE MIAMI FL 33156 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/09/1989</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Place of Business 21		4. FEI Number <b>65-0173159</b>	
2a. Mailing Address 26		Applied For Not Applicable	
22. Suits, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
27. Suits, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent  
**-TEMCHIN, ILENE  
% CHASE FEDERAL BANK  
7300 N KENDALL DR  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
B1 Name  
**Meryl Wolfson**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**c/o CHASE FEDERAL BANK**  
B3  
**7300 N. Kendall Dr**  
B4 City  
**Miami** B5 Zip Code  
**FL 33156**

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 *Meryl Wolfson* **HERYL WOLFSON** **3/6/95**  
(NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>COOPR, THOMAS A</b>
STREET ADDRESS	<b>7300 NORTH KENDALL DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>BELOTTO, ANTHONY</b>
STREET ADDRESS	<b>7300 N. KENTALL DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>DP</b>
NAME	<b>HESSINGER, RICHARD M</b>
STREET ADDRESS	<b>7300 N. KENDALL DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>CLEMENTS, CHARLES L. III</b>
STREET ADDRESS	<b>7300 N. KENDALL DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>DCFO</b>
NAME	<b>BAKER, DONALD E</b>
STREET ADDRESS	<b>7300 N. KENDALL DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>TRAPP, LAURENCE J</b>
STREET ADDRESS	<b>7300 N. KENDALL DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V ALLEN YANS</b>
2.3 STREET ADDRESS	<b>7300 N. Kendall Dr</b>
2.4 CITY-ST-ZIP	<b>Miami, FL.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Donald E Baker* **Donald E. Baker** **3/6/95** **(305) 670-7600**  
(Type Name)  
**Chief Financial Officer**