Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 605236

1. Corporation Name COMMERCIA	L BANK OF FLORID				
Principal Place of Bu	isiness	Mailing Address	E EMBLING MILIER OBERRY WESTER LEADON ETEN MENTE WINDER WINDER		
1550 S.W. 57TH AVEN MIAMI FL 33144	AUE .	1550 S.W. 57TH AVENUE MIAMI FL 33144	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 12/28/1978		
2. Principal Place of	Business	2a. Mailing Address	4. FEI Number - 59-1872834		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired 🛣 58.		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	6. Election Campaign Financing Trust Fund Contribution Ad		
Zip	Country 25	Zip Country	This corporation owes the current year Intangible Personal Property Tax. Yes		
	Name and Address of Cu	10. Name and Address of New Registered Agent			

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90086 002 ***158.75



			-				
PARTAGAS, JACK J. % COMMERCIAL BANK OF FLORIDA			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	S.W. 57TH AVENUE		83	-		-	·
	/II FL 33144		83				
IVIIAI	WI LF 22 (44		84	City		FL 85 Zip C	ode
							rogistorod
office or re	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of Fl m familiar with, and accept the obligations	orida. Such change was autho	orized by 1	the corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept the	appointment as reg	istered
SIGNATURE		W. V. W. T. D.			quired when reinstating)	ATE	
12.	Signature, typed or printed name of registered agent and OFFICERS AND D		13.	signature rec	ADDITIONS/CHANGES TO OFFICE	·	RS IN 12
IIILE	PD	□ DELETÉ	1.1 TITLE			☐ Change	XAddition
· .	PARTAGAS, JACK J.		1.2 NAME		D D D D D D D D D D D D D D D D D D D		
	· ·		1.3 STREET	ADDRESS	RICHARD J.BISCHOFF		
STREET ADDRESS	7540 SW 158TH TERRACE				3400 ONE BISCAYNE TOWE	R MIAMI,FL	33131
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP		Change	☐ Addition
m.e	D	□ betric					
AME	NAMOFF, ROBERT		2.2 NAME				
TREET ADDRESS	13611 S.W. 105 AVENUE		2.3 STREET				
ITY-ST-ZIP	MIAMI_FL	☐ DELETE	2.4 CITY-S	T-ZIP		Change	☐ Addition
ITILE	D	☐ here ie	3.1 TITLE				
IAME	SIMON, SHERMAN		3.2 NAME				
TREET ADDRESS	-9999 COLLINS AVE 20K		-3.3 STREET	İ			
ITY-ST-ZIP	BAL HARBOUR FL	DELETE.	3.4. CITY-S	T-ZIP		☐ Change	☐ Addition
ITILE	CD	☐ DELETE	4.1 TITLE		`	☐ Change	
IAME	ARMALY, JOSEPH		4.2 NAME				
TREET ADDRESS			4.3 STREET				
ITY-ST-ZIP	MIAMI FL		4.4 CITY-ST	r-ZIP		∫ Change	[] Addition
TITLE	D	☐ DELETE	5.1 TITLE			Cuande	
IAME .	YELEN, MARTIN		5.2 NAME		一一一种人物,这种强	A STATE OF THE STATE OF	
TREET ADDRESS			5.3 STREET		San Washington		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST	r-ZiP	3 3 3		
TILE	D	DELETE	6.1 TITLE			Change	Addition
AME	MCKINNEY, ELBERT	, ,	6.2 NAME	-	•	*	
STREET ADDRESS	3618 RED ROAD		6.3 STREET	ADDRESS			
	MIAMI FL		64 CITY-S1	r-zip			

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, with all other like empowered.

305 <u>267 1200</u>