

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

55 MAR 28 PM 3:12

DOCUMENT # 180547 (2)

1. Corporation Name

INTERCONTINENTAL BANK

Principal Place of Business

200 SOUTHEAST FIRST ST.
MIAMI FL 33131

Mailing Address

200 SOUTHEAST FIRST ST.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/14/1954

3a. Date of Last Report

03/01/1994

4. FEI Number

59-0725606

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$6.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURMAN, JACK A.
200 SOUTHEAST FIRST ST.
MIAMI FL 33131

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

(Signature typed or printed name of registered agent and filed agent only)

(NOTE: Registered Agent signature required after renewal)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SC
FURMAN, JACK A.
7828 SW 106TH CIRCLE
MIAMI FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
COB
ALLEN, WILLIAM H., JR.
525 SABAL PALM RD.
MIAMI FL

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PCE
MORRISON, WILLIAM L.
4990 SW 80TH ST.
MIAMI FL

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
EVP
BARON, JOHN A.
4200 SHERIDAN ST., #410
HOLLYWOOD FL

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
EVP
BRADY, THOMAS B.
4990 HAMMOCK LK DR.
MIAMI FL

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
EVP
DAVIS, WINTHROP F.
10021 SW 141ST ST.
MIAMI FL

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY ST ZIP

☐ Change ☐ Addition

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(1)(a), Florida Statutes. I further certify that the information included 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:

William L. Morrison
WILLIAM L. MORRISON, President

3-21-95

(305) 377-6900