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

APPROVED AND FILED

95 APR -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **444593** **(8)**

1. Corporation Name

TRANSFLORIDA BANK

Principal Place of Business	Mailing Address
1489 WEST PALMETTO PARK ROAD BOCA RATON FL	1489 WEST PALMETTO PARK ROAD BOCA RATON FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/22/1974**
3a. Date of Last Report: **03/18/1994**

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

4. FEI Number: **59-1510404** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZEDECK, MURRAY **9100 GRIFFIN ROAD** **COOPER CITY FL 33328**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	ZEDECK, MURRAY (DR)	12 NAME	
STREET ADDRESS	6300 MELALEUCA DR	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LIPPMAN, FREDERICK	22 NAME	
STREET ADDRESS	4315 BUCHANAN ST	23 STREET ADDRESS	700001448667
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	-04/06/95--01012--011
TITLE	D	31 TITLE	****200.00 ☐ Change ****200.00 ☐ Addition
NAME	ZEDECK, LEONARD E	32 NAME	
STREET ADDRESS	1520 N E 105TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROSEN, HARRY M	42 NAME	
STREET ADDRESS	1253 MANOR DR., SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	GRISWOLD, CARL F.	52 NAME	
STREET ADDRESS	4280 REFLECTIONS BLVD S	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TUPLER, AUSTIN W.	62 NAME	
STREET ADDRESS	6570 S.W. 47TH CT.	63 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	64 CITY-ST-ZIP	CH

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)(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: Murray Zedeck 407-347-0007
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Murray Zedeck, Director

0270442 CP