

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 10 1996 8:00 am
Secretary of State

DOCUMENT # **446653 (8)**
1. Corporation Name
TOTALBANK



300001889213
-07/10/96--01026--025
***25.00

Principal Place of Business: **2720 CORAL WAY MIAMI FL 33145-0271**
Mailing Address: **2720 CORAL WAY MIAMI FL 33145-0271**

3. Date Incorporated or Qualified: **02/20/1974** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1498440** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SCHLOSBERG, DAVID I., ESQUIRE
2720 CORAL WAY
MIAMI FL 33145-0271

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: _____
200001889212
-07/10/96--01026--024
***200.00 FL

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: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ARSHT FELDMAN, ADRIENNE	
STREET ADDRESS	10608 STAPLEFORD HALL DR	
CITY-ST-ZIP	POTOMAC MD	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HEFFERNAN, WILLIAM, J	
STREET ADDRESS	351 NE 105TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, BRUCE A.	
STREET ADDRESS	19800 BISCAYNE BLV, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EIDELSTEIN, GARY, P	
STREET ADDRESS	2 GROVE ISLE DR #1002	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, MYER	
STREET ADDRESS	10608 STAPLEFORD HALL DR	
CITY-ST-ZIP	POTOMAC MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CRUANYAS, ANGELA R.	
STREET ADDRESS	851 SE 161 STREET	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ARSHT, ADRIENNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	2720 CORAL WAY	
13 STREET ADDRESS	MIAMI, FLORIDA 33145	
14 CITY-ST-ZIP		
21 TITLE	2720 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MIAMI, FLORIDA	
23 STREET ADDRESS	33138	
24 CITY-ST-ZIP		
31 TITLE	2720 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MIAMI, FLORIDA	
33 STREET ADDRESS	33145	
34 CITY-ST-ZIP		
41 TITLE	2720 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MIAMI, FLORIDA	
43 STREET ADDRESS	33145	
44 CITY-ST-ZIP		
51 TITLE	2720 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MIAMI, FLORIDA	
53 STREET ADDRESS	33145	
54 CITY-ST-ZIP		
61 TITLE	2720 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MIAMI, FLORIDA	
63 STREET ADDRESS	33145	
64 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: *William J. Heffernan* June 19, 1996 (305) 448-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. HEFFERNAN, PRESIDENT, CEO, DIRECTOR

CR2E034 (12/95)

446653

2-2

CONTINUATION OF OFFICERS AND DIRECTORS FOR TOTALBANK

(Attachment to 1996 Profit corporation Annual Report-Document No. 446653)

Continuation of No. 12.

S
DAVID I. SCHLOSBERG
2720 CORAL WAY
MIAMI, FLORIDA 33145

[IF POSSIBLE, PLEASE PUT THE POSITION OF SECRETARY, INDICATED ABOVE, IN YOUR COMPUTER DATABASE. IF NECESSARY TO MAKE ROOM, PLEASE REMOVE FROM YOUR DATABASE THE ASSISTANT SECRETARY-THANK YOU]



WILLIAM J. HEFFERNAN, President

June 19, 1996