

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

FILED  
Jul 06 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 446653 JOK

1. Corporation Name  
TOTAL BANK

Principal Place of Business  
2720 CORAL WAY  
MIAMI, FL 33145

Mailing Address  
2720 CORAL WAY  
MIAMI, FL 33145

05/13/99 90010 027 150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
59-1498440

Applied For  
 Not Applicable

8. 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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
DAVID I. SCHLOSBERG  
2720 CORAL WAY  
MIAMI, FLORIDA 33145

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 FL 86 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 retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARSHT, ADRIENNE	1.2 NAME	MATAS, RAQUEL M.
STREET ADDRESS	2720 CORAL WAY	1.3 STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145	1.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDMAN, MYER	2.2 NAME	ROBINS, STACY
STREET ADDRESS	2720 CORAL WAY	2.3 STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145	2.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	PCD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFERNAN, WILLIAM J.	3.2 NAME	WARD, PATRICK C.
STREET ADDRESS	2720 CORAL WAY	3.3 STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145	3.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRUCE	4.2 NAME	
STREET ADDRESS	2720 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDELSTEIN, GARY	5.2 NAME	
STREET ADDRESS	2720 CORAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, KEVIN	6.2 NAME	
STREET ADDRESS	2720 CORAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE *David I. Schlosberg* DAVID I. SCHLOSBERG, Secretary 04/27/99 (305)448-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/20

CR2E034 (1/198)