

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **457730** (0)

1. Corporation Name
TOTALBANK CORPORATION OF FLORIDA



500001889215
-07/10/96--01026--027
***200.00

Principal Place of Business: **2720 CORAL WAY (ZIP 33145-3271) P.O. BOX 450678 MIAMI FL 33145-7678**
Mailing Address: **2720 CORAL WAY (ZIP 33145-3271) P.O. BOX 450678 MIAMI FL 33145-7678**

3. Date Incorporated or Qualified: **09/05/1974** 3a. Date of Last Report: **05/01/1995**
4. FL Number: **59-1592525** 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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SCHLOSBERG, DAVID I., ESQUIRE
2720 CORAL WAY
MIAMI FL 33145-0271

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 City: **MIAMI** FL Zip Code: **33145**
B4 City: **MIAMI** FL Zip Code: **33145**
***25.00

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VD	HEFFERNAN, WILLIAM, J	<input type="checkbox"/> DELETE	
STREET ADDRESS	951 NE 105TH ST MIAMI SHORES FL	1.3 STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
PCD	ARSHT FELDMAN, ADRIENNE	<input type="checkbox"/> DELETE	
STREET ADDRESS	10600 STAPLEFORD HALL DR POTOMAC MD-	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	2720 CORAL WAY MIAMI, FLORIDA 33145
SD	FELDMAN, MYER	<input type="checkbox"/> DELETE	
STREET ADDRESS	10600 STAPLEFORD HALL DR POTOMAC MD	2.3 STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
B	MANS, C. MUELLER	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	2720 CORAL WAY MIAMI, FL 33145	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME	2720 CORAL WAY MIAMI, FLORIDA 33145
V	DE ARMAS, JORGE B.	<input type="checkbox"/> DELETE	
STREET ADDRESS	8529 S.W. 133RD PLACE MIAMI FL-	3.3 STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
D	GARY P. EIDELSTEIN	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADD	
STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145	4.1 TITLE	v
CITY-ST-ZIP		4.2 NAME	JORGE N. CARVALLO
		4.3 STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	2720 CORAL WAY MIAMI, FLORIDA 33145
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	JAMES A. FELDMAN
		6.3 STREET ADDRESS	2720 CORAL WAY MIAMI, FLORIDA 33145
		6.4 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* DATE: **4/21/96** (605) 448-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WILLIAM J. HEFFERNAN, VICE PRESIDENT/DIRECTOR**

CR2E034 (12/95)