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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *AB*

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732299 1. Corporation Name CONSOLIDATED BANK BUILDING, INC.		Principal Place of Business 900 W. 49th St. Hialeah, FL 33012	
Mailing Address 900 W. 49th Street Hialeah, FL 33012		3. Date incorporated or Qualified March 28, 1975	
2. Principal Place of Business 21 Suite, Apt #, etc.		4. FEI Number 59-1584203	
22 City & State		Applied For Not Applicable	
23 Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
26 P.O. BOX 43184 Suite, Apt #, etc.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
27 City & State		9. Name and Address of Current Registered Agent MONICA AMMANN 400 N. Ashley Drive, 8th Floor Tampa, Florida 33602	
28 Miami, Florida		10. Name and Address of New Registered Agent 81 Name L. RICHARD MATTAWAY 82 Street Address (P.O. Box Number is Not Acceptable) 5703 SW 85th Street 83 84 City Miami FL 85 Zip Code 33143	
29 33243-1984		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> L. RICHARD MATTAWAY Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 10/19/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D,P NAME AMMANN, MONICA STREET ADDRESS 400 N. ASHLEY DR., 8TH FL CITY-ST-ZIP TAMPA, FL 33602		1.1 TITLE D,P 1.2 NAME BRANDON LURIE 1.3 STREET ADDRESS 5703 SW 85TH STREET 1.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE D,VP NAME DAPRA, TIM STREET ADDRESS 400 N. ASHLEY DR., 8TH FLO. CITY-ST-ZIP TAMPA, FL 33602		2.1 TITLE D,VP,T,S 2.2 NAME L. RICHARD MATTAWAY 2.3 STREET ADDRESS 5703 SW 85TH STREET 2.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE D,T NAME HYDER, ANTHONY STREET ADDRESS 400 N. ASHLEY DR., 8TH FL. CITY-ST-ZIP TAMPA, FL 33603		3.1 TITLE D 3.2 NAME THOMAS R. UNGARTE, M.D. 3.3 STREET ADDRESS 5703 SW 85TH STREET 3.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE D 4.2 NAME ROBERT B. CUSHING, D.D.S. 4.3 STREET ADDRESS 5703 SW 85TH STREET 4.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		700002676797-3 -10/30/98-01057-007 ****245.00-245.00	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRANDON LURIE, PRESIDENT		10/19/98 (305) 662-1421 Date Daytime Phone #	

CR2F037 (10/97)