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 # **F86573** **(5)**

1. Corporation Name

DADELAND BANCSHARES, INC.

Principal Place of Business	Mailing Address
7545 NORTH KENDALL DRIVE PO BOX 560785 MIAMI FL 33156	7545 NORTH KENDALL DRIVE PO BOX 560785 MIAMI FL 33156

3. Date Incorporated or Qualified: **06/18/1982**
3a. Date of Last Report: **09/25/1995**

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:

4. FEI Number: **59-2268547** ☐ 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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ NOTE: Registered Agent Signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAILEY, RICHARD H		1.2 NAME		
STREET ADDRESS	7545 N. KENDALL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTMAN, ROBERT G		2.2 NAME		
STREET ADDRESS	7545 N KENDALL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZMAN, SYLVAN N		3.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR., STE. 600		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	QUINONEZ, ROBERTO		4.2 NAME		
STREET ADDRESS	VIPSAL 1084, P. O. BOX 025364 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHEAD, KATHRYN G.		5.2 NAME		
STREET ADDRESS	441 GRAND CONCOURSE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		5.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, CARLOS F.		6.2 NAME		
STREET ADDRESS	7545 N KENDALL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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: _____ 1/22/96 (305) 667-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert G. Christman, Director/Secretary-Treasurer

CR2E034 (12/95)

CORPORATION ANNUAL REPORT
1995

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1. Corporation Name: DADELAND BANCSHARES, INC.

12. Officers and Directors (continued)

7.1	TITLE	D
7.2	NAME	FREUND, Ernesto A.
7.3	STREET ADDRESS	PO Box 82
7.4	CITY-ST-ZIP	San Salvador, El Salvador
8.1	TITLE	D
8.2	NAME	GUARDIA F., Gilberto
8.3	STREET ADDRESS	PSC #03, Box 1763
8.4	CITY-ST-ZIP	APO AA 34003
9.1	TITLE	D
9.2	NAME	HATTON, Joseph J.
9.3	STREET ADDRESS	133 NE 99th Street
9.4	CITY-ST-ZIP	Miami Shores, FL 33138-2340
10.1	TITLE	D
10.2	NAME	HAYDEN, JR., Reginald M.
10.3	STREET ADDRESS	5915 Ponce de Leon Blvd, Ste 63
10.4	CITY-ST-ZIP	Coral Gables, FL 33146
11.1	TITLE	D
11.2	NAME	KEELEY, Brian E.
11.3	STREET ADDRESS	8900 N. Kendall Drive
11.4	CITY-ST-ZIP	Miami, FL 33176
12.1	TITLE	D
12.2	NAME	ANGLIN, Bruce
12.3	STREET ADDRESS	7545 N Kendall Drive
12.4	CITY-ST-ZIP	Miami, FL 33156
13.1	TITLE	D
13.2	NAME	BROWN, Judith F.
13.3	STREET ADDRESS	7545 N Kendall Drive
13.4	CITY-ST-ZIP	Miami, FL 33156