

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000003983 (4)**

1. Corporation Name

**TAC BANCSHARES, INC.**



Principal Place of Business

Mailing Address

**7300 NORTH KENDALL DRIVE  
MIAMI FL 33156  
US**

**7300 NORTH KENDALL DRIVE  
MIAMI FL 33156  
US**

3. Date Incorporated or Qualified  
**09/01/1993**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**16-1437890**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of authorized printed name of registered agent and fee if applicable

(If not, is authorized Agent signature required with filing?)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PCD**  
STREET ADDRESS **COOPER, THOMAS A**  
CITY - ST - ZIP **7300 N. KENDALL DRIVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **CFO**  
STREET ADDRESS **BAKER, DONALD E**  
CITY - ST - ZIP **7300 N. KENDALL DRIVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **HESSINGER, RICHARD M**  
CITY - ST - ZIP **7300 N. KENDALL DRIVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **AST**  
STREET ADDRESS **TRAPP, LAURENCE J**  
CITY - ST - ZIP **7300 N. KENDALL DRIVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HAGERTY, THOMAS M**  
CITY - ST - ZIP **75 STATE STREET, SUITE 2600**  
**BOSTON MA 02109**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **JACQUET, ERNEST K**  
CITY - ST - ZIP **ONE BOSTON PLAZA, 34TH FLOOR**  
**BOSTON MA 02108**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald E. Cooper* Chief Financial Officer July 3, 1993 305-670-7600 48310

CR2E034 (3/96)