FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G25493 (9)

1. Corporation Name
AMERIBANK BANCSHARES, INC.

Principal Place of Business
6600 TAFT STREET
HOLLYWOOD FL 33081-0879

Mailing Address
6600 TAFT STREET
HOLLYWOOD FL 33081-0879

3. Date Incorporated or Qualified: 02/24/1983
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2261011 — 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent

MOY, WILLIAM
6600 TAFT ST
HOLLYWOOD FL 33081

10. Name and Address of New Registered Agent

81 Name: William Moy
82 Street Address (P.O. Box Number Is Not Acceptable): 6600 Taft Street
83
84 City: Hollywood FL
85 Zip Code: 33024

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	ALLENDER, WILLIAM B
STREET ADDRESS	10010 S.W. 8 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	ANDRESEN, ROBERT H.
STREET ADDRESS	5831 SW 37 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	BUTLER, ROBERT B.
STREET ADDRESS	1909 TYLER ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	DP
NAME	CORY, DAVID L
STREET ADDRESS	150 GREENS RD.
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	D
NAME	MOY, JEANNE
STREET ADDRESS	1201 S. OCEAN DR. #110 SO
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	DC
NAME	MOY, WILLIAM
STREET ADDRESS	1201 S. OCEAN DR.
CITY-ST-ZIP	HOLLYWOOD, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Allender, William B.
1.3 STREET ADDRESS	4340 S.W. 74th Way
1.4 CITY-ST-ZIP	Davie, FL 33314
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 3-10-95 — 305-966-9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID CORY

0006040 CP