

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOY, WILLIAM
6600 TAFT ST
HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified

02/24/1983

3a. Date of Last Report

03/21/1995

4. FET 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

10. Name and Address of New Registered Agent

81. Name

David L. Cory

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)
Signature: typed or printed name of registered agent and title if applicable

David L. Cory

(Typed Registered Agent Signature required when not signing)

4-5-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE
NAME **ALLENDER, WILLIAM B**
STREET ADDRESS **4340 SW 74TH WAY**
CITY-ST-ZIP **DAVE FL**

TITLE **D** ☐ DELETE
NAME **ANDRESEN, ROBERT H.**
STREET ADDRESS **5831 SW 37 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **BUTLER, ROBERT B.**
STREET ADDRESS **1909 TYLER ST**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **DP** ☐ DELETE
NAME **CORY, DAVID L**
STREET ADDRESS **150 GREENS RD.**
CITY-ST-ZIP **HOLLYWOOD, FL 00000**

TITLE **D** ☐ DELETE
NAME **MOY, JEANNE**
STREET ADDRESS **1201 S. OCEAN DR. #110 SO**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **DC** ☐ DELETE
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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

DATE

954-966-9810

DAYTIME PHONE #

CR2E034 (12/95)