

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 # **G55334** (8)  
1. Corporation Name  
**AMERICAN BANK OF HOLLYWOOD**



Principal Place of Business  
**6600 TAFT ST  
HOLLYWOOD FL 33081-0879**

Mailing Address  
**6600 TAFT ST  
HOLLYWOOD FL 33081-0879**

3. Date Incorporated or Qualified <b>08/23/1983</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>59-2261008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**David L. Cory  
6600 Taft Street  
Hollywood, FL 33024**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

**David L. Cory**

(NOTE: Registered Agent signature required when re-registering)

**4-5-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ALLENDER, WILLIAM B.</b>	
STREET ADDRESS	<b>4340 SW 74TH WAY</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ANDRESEN, ROBERT H.</b>	
STREET ADDRESS	<b>5831 SW 37TH AVE.</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, ROBERT B.</b>	
STREET ADDRESS	<b>1909 TYLER ST.</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CORY, DAVID L.</b>	
STREET ADDRESS	<b>150 GREENS RD.</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MOY, JEANNE</b>	
STREET ADDRESS	<b>1201 S OCEAN DR #110 SO</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>MOY, WILLIAM</b>	
STREET ADDRESS	<b>1201 S OCEAN DR #PH2505S</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)