

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 # **G55858**

(6)

1. Corporation Name

COUNTY FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

% CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD. 1600 MIAMI CNTR
MIAMI FL 33131-1328

% CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD. 1600 MIAMI CNTR
MIAMI FL 33131-1328

3. Date Incorporated or Qualified

08/03/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2320497

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

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CNTR
MIAMI FL 33131-1328**

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

Signature of registered agent or other person authorized to change the agent

Signature of Registered Agent (signature required to change agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	☐ DELETE
NAME	CARNEY, THOMAS F.	
STREET ADDRESS	801 N.E. 167TH STREET	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	FISHER, MORTON M.	
STREET ADDRESS	801 N.E. 167TH STREET	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	DIAMOND, HAROLD M.	
STREET ADDRESS	801 N.E. 167TH STREET	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	DP	☐ DELETE
NAME	APELIAN, GEORGE M.	
STREET ADDRESS	801 N.E. 167TH STREET	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	DS	☐ DELETE
NAME	MANBER, MILTON	
STREET ADDRESS	801 N.E. 167TH STREET	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	BLITZ, JULIAN J DR	
STREET ADDRESS	801 NE 167TH ST	
CITY-STATE-ZIP	N MIAMI BCH FL	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	TERRY, MORTON	
1.3 STREET ADDRESS	801 NE 167 ST.	
1.4 CITY-STATE-ZIP	NMB, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	CARNEY, JOSEPH E., JR.	
2.3 STREET ADDRESS	801 NE 167 ST	
2.4 CITY-STATE-ZIP	NMB, FL	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	LANGAN, THOMAS J.	
3.3 STREET ADDRESS	801 NE 167 ST	
3.4 CITY-STATE-ZIP	NMB, FL	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	JACOBS, BERNARD	
4.3 STREET ADDRESS	801 NE 167 ST	
4.4 CITY-STATE-ZIP	NMB, FL	
5.1 TITLE	EVP	☐ Change ☒ Addition
5.2 NAME	SALSANO, EILEEN A.	
5.3 STREET ADDRESS	801 NE 167 ST.	
5.4 CITY-STATE-ZIP	N.M.B., FL	
6.1 TITLE	CONTROLLER	☐ Change ☒ Addition
6.2 NAME	HERABRA, MARCEL	
6.3 STREET ADDRESS	801 NE 167 ST.	
6.4 CITY-STATE-ZIP	N.M.B., FL	

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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

(305) 651-7110

CR2E034 (12/95)