


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G55858** (6)
1. Corporation Name
COUNTY FINANCIAL CORPORATION

Principal Place of Business % CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD. 1600 MIAMI CNTR MIAMI FL 33131-1328	Mailing Address % CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD. 1600 MIAMI CNTR MIAMI FL 33131-1328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1983		3a. Date of Last Report 06/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2320497		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CNTR MIAMI FL 33131-1328				10. Name and Address of New Registered Agent			
				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORTON, TERRY			1.2 NAME	TERRY, MORTON		
STREET ADDRESS	801 NE 167 ST			1.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	NMB FL			1.4 CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FISHER, MORTON M.			2.2 NAME	CARNEY, Joseph E. JR		
STREET ADDRESS	801 N.E. 167TH STREET			2.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	N. MIAMI BEACH FL			2.4 CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIAMOND, HAROLD M.			3.2 NAME	LANGAN, Thomas J.		
STREET ADDRESS	801 N.E. 167TH STREET			3.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	N. MIAMI BEACH FL			3.4 CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	APELIAN, GEORGE M.			4.2 NAME	JACOBS, C. BERNARD		
STREET ADDRESS	801 N.E. 167TH STREET			4.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	N. MIAMI BEACH FL			4.4 CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAMBER, MILTON			5.2 NAME	Fisher, Morton M.		
STREET ADDRESS	801 N.E. 167TH STREET			5.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	N. MIAMI BEACH FL			5.4 CITY-ST-ZIP	N MIAMI BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLITZ, JULIAN J DR			6.2 NAME	Szydlowski, Maria H.		
STREET ADDRESS	801 NE 167TH ST			6.3 STREET ADDRESS	801 NE 167th Street		
CITY-ST-ZIP	N MIAMI BCH FL			6.4 CITY-ST-ZIP	N. MIAMI BEACH FL		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, as changed, on an attachment with an address.

SIGNATURE _____ 7/18/97 (305) 651-7110 Ext 227

CR2E034 (4/97)

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Page 2 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

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08/03/1983

3a. Date of Last Report

06/14/1996

4. FEI Number

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Applied For

Not Applicable

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☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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23 Zip Country

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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82 Street Address (P.O. Box Number is Not Acceptable)

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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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
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2.4 CITY-ST-ZIP

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4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

*D CARNEY, Peter H.
801 NE 167th Street
N MIAMI BEACH FL*

*Mary McCarty
801 NE 167th Street
N MIAMI BEACH FL*

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CR2E034 (4/97)