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.)

Aug 04 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # G55858 (6) COUNTY FINANCIAL CORPORATION Principal Place of Business Mailing Address % CORPORATION COMPANY OF MIAMI % CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD, 1600 MIAMI CNTR 201 S BISCAYNE BLVD, 1600 MIAMI CNTR MIAMI FL 33131-1328 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-1328 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1983 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2320497 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country This corporation owes or has paid the current year Intangible Zip Zip Country 24 25 29 Personal Property Tax due June 30. Yes Yes I No 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CNTR 63 MIAMI FL 33131-1328 84 City **B**5 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 Change Addition DELETE 1.1 TITLE TITLE TERRY, MORTON Heet MORTON, TERRY 1.2 NAME NAME 801 NE 167 ST STREET ADDRESS 1.3 STREET ADDRESS MIAM (BEACH NMB FL DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARNEY, JOSEP BOINE 167K FISHER, MORTON M. 2.2 NAME NAME 167K 801 N.E. 167TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI N. MIAMI BEACH FL BEACH CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE DIAMOND, HAROLD M. NAME 3.2 NAME **801 N.E. 167TH STREET** 3.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE APELIAN, GEORGE M. NAME 4 2 NAME **801 N.E. 167TH STREET** STREET ADDRESS 4.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE MAMBER, MILTON NAME 5.2 NAME 801 N.E. 167TH STREET STREET ADDRESS **5.3 STREET ADDRESS** N. MIAMI BEACH FL CITY-ST-ZIP 5.4 City-St-ZiF Addition DELETE ☐ Change TITLE 6.1 TITLE BLITZ, JULIAN J DR NAME 6.2 NAME 801 NE 167TH ST 6.3 STREET ADDRESS STREET ADDRESS 6.4.CITY-ST-ZIP

On supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that population of the receivilg of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name is the receivilg of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name is the receivilg of the same legal effect as if made under oath; that N MIAMI BCH FL CITY-ST-ZIP 14. I do hereby certify that the information indicated on this at 11 tam an officer or director of this cappears in Block 12 or Block 13 m

Lwith an address.

7/8/97

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* 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.)

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
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23		<u> </u>	28	/	Trust Fund Contribution	Adde Adde	ed to Fees
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CO	RPORATION	COMPANY OF MIAM	l	81 Name			
	S BISCAYN			82 Street	Address (P.O. Box Number is Not Accep	otable)	
	O MIAMI CNI			83			
MIA	VMI FL 33131	-1328			22.44		
				84 City		FL I	tip Code
11. Pursuant	to the provision	ns of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose of changin	g its registered
agent, 1 s	egistered ager ım familiar with	and accept the obligat	ions of, Section 607.0505, Fl	orida Statutes.	porations board of directors. Thereby ac	copt the appointment	as to gioloico
SIGNATURE	Classics hand or	printed name of registered agent	and title if anglicable (NOT	E. Registered Agent signature	a required when reinstation)	DATE	
12.	Signature, typed or	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF		ORS IN 18
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