

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H17639 (6)

1. Corporation Name

CENTRAL BANK

95 JUN 12 AM 9: 09

Principal Place of Business

7970 N.W. 36TH STREET
MIAMI FL 33166-6604

Mailing Address

7970 N.W. 36TH STREET
MIAMI FL 33166-6604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/21/1984

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2422731

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

AGER, RONALD

STREET ADDRESS

2800 ISLAND BLVD #2305

CITY - ST - ZIP

WILLIAMS ISLAND FL

TITLE

D

NAME

SEAL, RUSSELL R.

STREET ADDRESS

99 N.W. 183RD STREET

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

FOX, MILTON

STREET ADDRESS

4340 BOCAIRE BLVD

CITY - ST - ZIP

BOCA RATON FL

TITLE

CD

NAME

HALPYRN, ERNEST

STREET ADDRESS

1428 BRICKELL AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

KENIN, DAVID S.

STREET ADDRESS

1221 BRICKELL AV 22ND FL

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

MOSKOWITZ, JEROME

STREET ADDRESS

909 N. MIAMI BCH. BLVD.

CITY - ST - ZIP

N. MIAMI BEACH FL

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

33160

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33169

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

33487

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SUITE 105

33131

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

33131

6.1 TITLE

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

33162

X (see attached page for
addtl officers/directors)

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 110.07(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:

ROBERT OGONOWSKI

6/6/95

(305) 592-6641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

H/1639

1/1/95

CENTRAL BANK

<u>NAMES OF OFFICERS</u>	<u>TITLES</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE & ZIP</u>
SILVER, MICHAEL	D	1428 BRICKELL AVE	MIAMI, FL. 33131
SHIEKMAN, PAUL	D	5125 NW 77 AVE	MIAMI, FL. 33166
HALPRYN, GLENN L.	VC/D	1428 BRICKELL AVE	MIAMI, FL. 33131
MALINOFF, DAVID E.	D/P	7970 NW 36 STREET	MIAMI, FL. 33166
OGONOWSKI, ROBERT	SVP	7970 NW 36 STREET	MIAMI, FL. 33166
BELINSKY, JEROME	SVP	7970 NW 36 STREET	MIAMI, FL. 33166
GARCIA, ALINA	VP	7970 NW 36 STREET	MIAMI, FL. 33166