

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 # H17639 (6)

1. Corporation Name

CENTRAL BANK

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

08/21/1984

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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 the it appears as

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
AGER, RONALD
STREET ADDRESS
2800 ISLAND BLVD #2305
CITY-ST-ZIP
WILLIAMS ISLAND FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
33160
☒ Change ☐ Addition

TITLE
NAME
D
SEAL, RUSSELL R.
STREET ADDRESS
99 N.W. 183RD STREET
CITY-ST-ZIP
MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
33169
☒ Change ☐ Addition

TITLE
NAME
D
FOX, MILTON
STREET ADDRESS
4340 BOCAIRE BLVD
CITY-ST-ZIP
BOCA RATON FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
33487
☒ Change ☐ Addition

TITLE
NAME
CD
HALPYRN, ERNEST
STREET ADDRESS
1428 BRICKELL AVE, STE 105
CITY-ST-ZIP
MIAMI FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
33131
☒ Change ☐ Addition

TITLE
NAME
D
KENIN, DAVID S.
STREET ADDRESS
1221 BRICKELL AV 22ND FL
CITY-ST-ZIP
MIAMI FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
33131
☒ Change ☐ Addition

TITLE
NAME
D
MOSKOWITZ, JEROME
STREET ADDRESS
909 N. MIAMI BCH. BLVD.
CITY-ST-ZIP
N. MIAMI BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
33162
☒ Change ☐ Addition

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, checked, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT OROZOWSKI

3-4-96

954-591-7566

CR2E034 (12/95)

H 17639 pg. 2



CENTRAL BANK

7970 N.W. 36 STREET, MIAMI, FL 33166 • TELEPHONE: DADE 592-6641 • BROWARD 523-0552 • FAX 592-8241

1/1/96

<u>Names of Officers</u>	<u>Title(s)</u>	<u>Street Address</u>	<u>City, State, Zip</u>
Silver, Michael	D	1428 Brickell Ave., Ste 500	Miami, FL 33131
Shiekman, Paul	D	5125 N.W. 77 Ave.	Miami, FL 33166
Halpryn, Glenn L.	D/VC	1428 Brickell Ave., Ste 105	Miami, FL 33166
Malinoff, David E.	D/P	7970 N.W. 36 St.	Miami, FL 33166
Ogonowski, Robert	SVP	7970 N.W. 36 St.	Miami, FL 33166
Belinsky, Jerome	SVP	7970 N.W. 36 St.	Miami, FL 33166
Garcia, Alina	SVP	7970 N.W. 36 St.	Miami, FL 33166