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 # **H56028** **(4)**

1. Corporation Name
COMMUNITY BANK OF HOMESTEAD

Principal Place of Business
28801 S.W. 157TH AVENUE
HOMESTEAD FL 33033-2437

Mailing Address
28801 S.W. 157TH AVENUE
HOMESTEAD FL 33033-2437

3. Date Incorporated or Qualified **05/08/1985**
3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number **59-1474050** 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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GRAVES, KENNETH	
STREET ADDRESS	19370 S.W. 280TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DC	☐ DELETE
NAME	BLAYLOCK, HAYDEN	
STREET ADDRESS	14995 S.W. 264TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DVC	☐ DELETE
NAME	CASE, GERALD C.	
STREET ADDRESS	14925 S.W. 232ND ST.	
CITY-ST-ZIP	GOULDS FL	
TITLE	V	☐ DELETE
NAME	BRAUN, DANIEL D.	
STREET ADDRESS	1020 N. AUDUBON DR.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	☐ DELETE
NAME	EPLING, ROBERT L.	
STREET ADDRESS	18624 S.W. 293RD TERR.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	☐ DELETE
NAME	JACOBSEN, MARLOW	
STREET ADDRESS	437 N. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD 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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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5/6/96

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 if changed, or on an attachment with an address.

SIGNATURE: R. L. Epling R. L. Epling/April 17, 1996 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)