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Mar 31 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H56028**

1. Corporation Name
COMMUNITY BANK OF HOMESTEAD

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

03/31/99 90063 009 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1985**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	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 owes the current year intangible Personal Property Tax. ☐ 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 _____ 3/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, KENNETH		1.2 NAME		
STREET ADDRESS	19370 S.W. 280TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLAYLOCK, HAYDEN		2.2 NAME		
STREET ADDRESS	14985 S.W. 264TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASE, GERALD C.		3.2 NAME		
STREET ADDRESS	14925 S.W. 232ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRAUN, DANIEL D.		4.2 NAME		
STREET ADDRESS	1020 N. AUDUBON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EPLING, ROBERT L.		5.2 NAME		
STREET ADDRESS	18624 S.W. 293RD TERR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOGGS, COLLEEN H		6.2 NAME		
STREET ADDRESS	16300 SW 184TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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