

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 # **J06940** (7)
1. Corporation Name
CITY NATIONAL BANCSHARES, INC.



Principal Place of Business
**CITY NATIONAL BANK BLDG.
6TH FLOOR
MIAMI FL 33130**

Mailing Address
**CITY NATIONAL BANK BLDG.
6TH FLOOR
MIAMI FL 33130**

3. Date Incorporated or Qualified
03/26/1986

3a. Date of Last Report
01/19/1995

2. Principal Place of Business
21 **25 West Flagler St.**
Suite, Apt. #, etc.
22
City & State
23 **Miami, Florida**
Zip Country
24 **33130** 25
2a. Mailing Address
26 **P.O. Box 025604**
Suite, Apt. #, etc.
27
City & State
28 **Miami, Florida**
Zip Country
29 **33102-5604** 30

4. FEI Number
59-2771814

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

**SHOCKETT, WILLIAM
25 W FLAGLER ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
25 W Flagler St.
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, or other, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**EVD
BARRS, R. GRADY
6760 S.W. 69TH TERR.
SO. MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**S
SHOCKETT, WM.
25 W. FLAGLER ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**PD
ABESS, LEONARD L. JR
25 W. FLAGLER ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**EVD
ABESS, ALLAN T. JR
25 W. FLAGLER ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**CD
ABESS, LEONARD L. SR
25 W FLAGLER ST
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
**V
CAMP, PATRICIA
25 W. FLAGLER ST.
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☒ Change ☐ Addition
SVP

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: **Patricia M. Camp** **Patricia M. Camp** **1-31-96 (305) 577-7445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)