CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:20

DOCUMENT # J07162 (7)

1. Corporation Name
FAMILY BANK

Principal Place of Business	Mailing Address
1000 E. HALLANDALE BCH BLVD HALLANDALE FL 33009 US	P O BOX 5888 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 02/01/1994

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: 59-2658081 ☐ 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

NOT REQUIRED PURSUANT 607.034 (2)
Florida Statutes

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☐ Change ☒ Addition
NAME	BERLINER, PAULA	1 2 NAME	PERKINS, JOSLYN
STREET ADDRESS	1630 DIPLOMAT PKWY.	1 3 STREET ADDRESS	101 N Federal Hwy
CITY-ST-ZIP	HOLLYWOOD FL	1 4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D	2 1 TITLE	D ☐ Change ☒ Addition
NAME	BIANCULLI, LOUIS R.	2 2 NAME	Carol R. Owen
STREET ADDRESS	513 PALM DRIVE	2 3 STREET ADDRESS	519 Palm Drive
CITY-ST-ZIP	HALLANDALE FL	2 4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CESAROTTI, JOSEPH D.	3 2 NAME	
STREET ADDRESS	7210 GLENEAGLE DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	FOWLER, MARY ANNA	4 2 NAME	
STREET ADDRESS	1845 ROYAL PALM WAY	4 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	FROMBERG, LYNN W.	5 2 NAME	
STREET ADDRESS	3796 NE 209TH TERR	5 3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5 4 CITY-ST-ZIP	
TITLE	VD	6 1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, EUGENE W JR	6 2 NAME	
STREET ADDRESS	3001 W ROLLING HILLS CIR, APT 702	6 3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	6 4 CITY-ST-ZIP	

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 R. Patla Comptroller 5/31/95 (305) 964-6464
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA R. PATLA COMPTROLLER

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