

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 # J37899

(8)

1. Corporation Name

FIRST WESTERN BANK



Principal Place of Business

Mailing Address

5854 SOUTH FLAMINGO ROAD  
COOPER CITY FL

5854 SOUTH FLAMINGO ROAD  
COOPER CITY FL

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

3. Date Incorporated or Qualified  
10/14/1986

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2497326

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

KALIS, NEAL R. ESQ  
7320 GRIFFIN ROAD  
SUITE 109  
COOPER CITY, FL 33314

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME KOENIG, PAUL  
STREET ADDRESS 4734 JEFFERSON STREET  
CITY-STATE-ZIP HOLLYWOOD FL ☐ DELETE

TITLE D  
NAME LEGG, ROBERT P.  
STREET ADDRESS 1800 N. DOUGLAS ROAD  
CITY-STATE-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE DP  
NAME GAINES, JOANNE  
STREET ADDRESS 5854 S FLAMINGO RD  
CITY-STATE-ZIP COOPER CITY FL ☐ DELETE

TITLE D  
NAME HEYDER, KENNETH  
STREET ADDRESS 6510 SW 57TH AVENUE  
CITY-STATE-ZIP DAVIE FL ☐ DELETE

TITLE O  
NAME STARK, DAVID P.  
STREET ADDRESS 220 N 65TH WAY  
CITY-STATE-ZIP HOLLYWOOD FL ☐ DELETE

TITLE D  
NAME JOHNSON, JAMES  
STREET ADDRESS 9760 NW 11TH ST  
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME KAPLAN, EDWARD  
1.3 STREET ADDRESS 3802 N. 41 AVENUE  
1.4 CITY-STATE-ZIP Hollywood, FL 33021 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME KALIS, NEAL R.  
2.3 STREET ADDRESS 2972 WENTWORTH  
2.4 CITY-STATE-ZIP Ft. Lauderdale, FL 33330 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME KELLER, RICHARD  
3.3 STREET ADDRESS 2780 SW 116 AVENUE  
3.4 CITY-STATE-ZIP DAVIE, FL 33330 ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME KOENIG, MICHAEL  
4.3 STREET ADDRESS 4741 SARAZEN DR  
4.4 CITY-STATE-ZIP HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME LINTON, DONALD  
5.3 STREET ADDRESS 3608 SW 21 Street  
5.4 CITY-STATE-ZIP Ft. Lauderdale, FL 33312 ☐ Change ☒ Addition

6.1 TITLE O/V  
6.2 NAME TAMBOLES, CAROLYN  
6.3 STREET ADDRESS 11594 SW 51 Street  
6.4 CITY-STATE-ZIP Cooper City, FL 33330 ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

*David Stark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (954) 434-7600  
Date Daytime Phone

CR2E034 (12/95)