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FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J38836**

(9)

1. Corporation Name

CONSUMERS SAVINGS BANK

Principal Place of Business

**9400 S DADELAND BLVD
SUITE 620
MIAMI FL 33156
US**

Mailing Address

**9400 S DADELAND BLVD
SUITE 620
MIAMI FL 33156-2841
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/21/1986

3a. Date of Last Report

02/14/1996

4. FEI Number

59-2645572

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

**N/A pursuant to Section 607 of the
Florida Statutes pertaining to
registered agents for Banks.**

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 type (do not print name of registered agent or director)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SIMON, GARY P.**
STREET ADDRESS **6465 S.W. 110TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **JOHNSON, DONNA M.**
STREET ADDRESS **5110 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SVP** ☐ DELETE

NAME **LUNAK, THOMAS E.**
STREET ADDRESS **11100 N.W. 17 COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SVP** ☐ DELETE

NAME **BONNET, ROBERT L.**
STREET ADDRESS **18127 N.W. 66 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **DUANE, DORIS**
STREET ADDRESS **11601 NW 11TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ DELETE

NAME **JONES, WARREN A.**
STREET ADDRESS **132 BAHAMA ROAD**
CITY-ST-ZIP **KEY LARGO 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

**PD
JONES, WARREN A.
11155 STROUP ROAD
ROSWELL, GA 30075**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (305) 670-1050

Date Daytime Phone #

CR2E034 (9/96)