

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J38836

(9)

1. Corporation Name

CONSUMERS SAVINGS BANK



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1986

4. FEI Number

59-2645572

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing



\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

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
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE SVP ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SVP ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME JONES, WARREN A.
STREET ADDRESS 11155 STROUP RAD
CITY-ST-ZIP ROSWELL GA

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE: *Thomas E. Lunak* SIGNATURE REQUIRED Thomas E. Lunak

01/06/98

(305) 670-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0219260

CR2E034 (10/97)