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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K61532** **(3)**

1. Corporation Name

FIRST NATIONAL BANCSHARES, INC.

Principal Place of Business	Mailing Address
MAURICE LOVE 3900 HOLLYWOOD BLVD HOLLYWOOD FL 33021 US	MAURICE LOVE 3900 HOLLYWOOD BLVD HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: **01/27/1989**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21 **6600 Taft Street**
22 Suite, Apt. #, etc.
23 City & State: **Hollywood, FL**
24 Zip: **33024**
25 Country: **Broward**

2a. Mailing Address
26 **6600 Taft Street**
27 Suite, Apt. #, etc.
28 City & State: **Hollywood, FL**
29 Zip: **33024**
30 Country: **Broward**

4. FEI Number: **65-0120531** ☐ 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

MAURICE LOVE
3900 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: **David L. Cory**
82 Street Address (P.O. Box Number is Not Acceptable): **6600 Taft Street**
83
84 City: **Hollywood** **FL** 85 Zip Code: **33024**

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: _____ **David L. Cory, President** 4-5-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, CHARLES B. 3341 JOHNSON ST HOLLYWOOD FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D William Moy 1201 S. Ocean Drive #2505 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALVIN, JOHN 3129 N 29TH AVE HOLLYWOOD FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D William B. Allender 4340 SW 74 Way Davie, FL 33314	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNOVA, FRANK 5399 61ST AVE S ST PETERSBURG FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/D David L. Cory 150 Greens Road Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAURICE LOVE 3900 HOLLYWOOD BLVD HOLLYWOOD FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V/S J Norman Coleman 5326 Buckhead Circle Boca Raton, FL 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDELSTEIN, LLOYD 3900 HOLLYWOOD BLVD, PH HOLLYWOOD FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: _____ J Norman Coleman 4/5/96 (954) 966-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #