

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 # **L28654** (6)  
1. Corporation Name  
**CFB HOLDING CORPORATION**



Principal Place of Business Mailing Address  
**% CHASE FEDERAL BANK**  
**7300 NORTH KENDALL DRIVE**  
**MIAMI FL 33156**  
**US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **11/09/1989** 3a. Date of Last Report **03/10/1995**  
4. FEI Number **65-0173159** 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

**WOLFSON, MERYL**  
**C/O CHASE FEDERAL BANK**  
**7300 N KENDALL DR**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 Zip Code **FL**

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 their applicable

(If filled: Registered Agent's signature to be placed here, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D</b>	<b>COOPR, THOMAS A</b>	<b>7300 NORTH KENDALL DR.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>V</b>	<b>YANS, ALLEN</b>	<b>7300 N. KENTALL DR.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>DP</b>	<b>HESSINGER, RICHARD M</b>	<b>7300 N. KENDALL DR.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>V</b>	<b>CLEMENTS, CHARLES L. III</b>	<b>7300 N. KENDALL DR.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>DCFO</b>	<b>BAKER, DONALD E</b>	<b>7300 N. KENDALL DR</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>D</b>	<b>TRAPP, LAURENCE J</b>	<b>7300 N. KENDALL DR</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald E Baker** 3/18/96 (305) 670-7600

CR2E034 (12/95)