

# 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 # **P01547** (9)

1. Corporation Name

**M.F. BANK & COMPANY, INC.**



Principal Place of Business

Mailing Address

**5011 RIOVISTA AVE  
TAMPA FL 33634  
US**

**615 FIRST AVENUE NE  
MINNEAPOLIS MN 55413**

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

**04/09/1984**

3a. Date of Last Report

**10/17/1995**

4. FEI Number

**41-0793536**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 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	CD	<input type="checkbox"/> DELETE
NAME	BANK, MARVIN F.	
STREET ADDRESS	2950 DEAN PARKWAY	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BANK, MORTON B.	
STREET ADDRESS	3531 OAKTON DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIEN, RICHARD C	
STREET ADDRESS	13609 95 PL NO	
CITY-ST-ZIP	MAPLE GROVE MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANK, DAVID L	
STREET ADDRESS	1811 DUPONT AVE SO	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAFSTEAD, CHRISTIAN R. C	
STREET ADDRESS	5133 W 96 STREET	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANK, MICHAEL F	
STREET ADDRESS	11623 RASPBERRY HILL	
CITY-ST-ZIP	EDEN PRAIRIE MN	

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

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: *Christian R.C. Hafstead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO/Secy

01-16-96 412-379-2810  
Date Daytime Phone

CR2E034 (12/95)