

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

APPROVED
AND
FILED

96 JAN 24 AM 11:16

DOCUMENT # P93000030231 (3)

1. Corporation Name

FIRST FINANCIAL OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

20197 N.E. 16TH PLACE
MIAMI FL 33179

20197 N.E. 16TH PLACE
MIAMI FL 33179

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
02/06/1995

4. FEI Number

65-0410379

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

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

10. Name and Address of New Registered Agent

OLINICK, SCOTT
21160 MAIN SAIL CIR. H75
N. MIAMI BEACH FL 33180

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 transferring)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME OLINICK, SCOTT
STREET ADDRESS 21160 MAIN SAIL CIRCLE, H15
CITY-ST-ZIP N. MIAMI BEACH FL 33180

12 NAME
13 STREET ADDRESS

TITLE V ☐ DELETE
NAME RUSSO, KERRI
STREET ADDRESS 8965 SPRINGTREE LAKES DRIVE
CITY-ST-ZIP SUNRISE FL 33351

14 CITY-ST-ZIP
2.1 TITLE

TITLE V ☐ DELETE
NAME MILLER, DAVID
STREET ADDRESS 21160 MAIN SAIL CIRCLE H-15
CITY-ST-ZIP N. MIAMI BEACH FL 33179

22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE
32 NAME

TITLE ☐ DELETE

33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE
42 NAME

TITLE ☐ DELETE

43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE
52 NAME

TITLE ☐ DELETE

53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE
62 NAME

TITLE ☐ DELETE

63 STREET ADDRESS
64 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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

Date

Daytime Phone #

CR2E034 (12/95)