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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000078027 (8)**

1. Corporation Name

CONSUMERS BANCORP, INC.

Principal Place of Business	Mailing Address
% CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	% CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business	2a. Mailing Address
21 9400 S. Dadeland Blvd	26 9400 S. Dadeland Blvd
Suite, Apt. #, etc. 22 Suite 620	Suite, Apt. #, etc. 27 Suite 620
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33156 / 25 USA	Zip / Country 29 33156 / 30 USA

4. FEI Number: **84-9815040** ☐ 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	10. Name and Address of New Registered Agent
MUNFIELD, JOHN A 2828 PONKAN PINES DR APOPKA FL 32712	81 Name: CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd 83 84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 individual with authority to sign on behalf of corporation) (If CT, Registered Agent Signature required on all forms filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, GARY P 6465 SW 110TH ST MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SVP Lunak, Thomas E 11100 N.W. 17 Court Pembroke Pines, FL 33026	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISCHER, JOANN 2828 PONKAN PINES DR APOPKA FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SVP Bonnet, Robert L. 16340 N.W. 5 Street Pembroke Pines, FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUNFIELD, TYLOR A 2828 PONKAN PINES DR APOPKA FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VALDIVIA, CARMEN 11020 SW 139 RD MIAMI FL	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VALCIVIA, CARMEN 11020 SW 139 RD MIAMI FL	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, WARREN A 132 BAHAMA RD KEY LARGO FL	☑ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(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: Thomas E. Lunak Thomas E. Lunak 02/12/96 (305) 620-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #