

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 # **P93000081919 (1)**

1. Corporation Name

JEFFERSON BANK OF FLORIDA



Principal Place of Business

**301-41ST STREET
MIAMI BEACH FL 33140**

Mailing Address

**301-41ST STREET
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1023154

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D COURSHON, ARTHUR H**
STREET ADDRESS **301-41ST STREET**
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **D FENTON, DAVID**
STREET ADDRESS **6645 WINDSOR LANE**
CITY- ST- ZIP **MIAMI BEACH FL 33141**

TITLE ☐ DELETE

NAME **D GAYNOR, LENORE J**
STREET ADDRESS **1665 CLEVELAND RD**
CITY- ST- ZIP **MIAMI BEACH FL 33141**

TITLE ☐ DELETE

NAME **D GENNET, IRVING E**
STREET ADDRESS **28461 N.W. 2ND AVE.**
CITY- ST- ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE

NAME **D GILLER, NORMAN M**
STREET ADDRESS **975 41ST STREET**
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **PD GOLDBERG, BARTON S**
STREET ADDRESS **301 41ST STREET**
CITY- ST- ZIP **MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**100001792531
-04/24/96--01050--009
***1800.00**

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

BARTON S GOLDBERG, DIRECTOR 4.10.96(305)532-6457

Date

Daytime Phone #

CR2E034 (12/95)