

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000031171 (8)**

1. Corporation Name

1ST FINANCIAL HOLDING CORPORATION OF SOUTH FLORIDA

Principal Place of Business

**18043 NW 52 CT
MIAMI FL 33055**

Mailing Address

**18043 NW 52 CT
MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0573199

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BROWN, VINCENT T
18043 NW 52 CT
MIAMI FL 33055**

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	VD	<input type="checkbox"/> DELETE
NAME	BROWN, VINCENT T	
STREET ADDRESS	18043 NW 52 CT	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPANN, ZERELDA	
STREET ADDRESS	18043 NW 52 CT	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAWSON, VANESSA Y	
STREET ADDRESS	18043 NW 52 CT	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/CFO/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VINCENT T. BROWN	
1.3 STREET ADDRESS	18043 NW 52 CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33055	

2.1 TITLE	TREASURER/CFO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL G. LOPEZ	
2.3 STREET ADDRESS	6163 FOREST HILL	
2.4 CITY-ST-ZIP	MORCROSS GA 33090	

3.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLOYD PHILLIPS	
3.3 STREET ADDRESS	8281 SW 84 TRANCE	
3.4 CITY-ST-ZIP	MIAMI, FL 33143	

4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANDIE DALOSON	
5.3 STREET ADDRESS	5715 SW 130 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33055	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

8-1-97

CR2E034 (4/97)