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FILED

Mar 26 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 # P95000085760 (3)

1. Corporation Name

FIRST COMMERCIAL MUTUAL COMPANY, AN ASSESSABLE M
UTUAL

Principal Place of Business

10113 SUNSET DRIVE
MIAMI FL 33173

Mailing Address

10113 SUNSET DRIVE
MIAMI FL 33173-3004

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

21 9960 N.W. 116th Way

Suite, Apt. #, etc.

22 Suite 12

City & State

23 Miami, FL

Zip

24 33178

Country

25

2a. Mailing Address

26 9960 N.W. 116th Way

Suite, Apt. #, etc.

27 Suite 12

City & State

28 Miami, FL

Zip

29 33178

Country

30

4. FEI Number

65-0616750

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

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32399-0300

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 type for printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEANE, REGINALD E	
STREET ADDRESS	5088 NW 81S AVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWGILL, ROBERT L III	
STREET ADDRESS	1303 PARK HAVEN CT	
CITY - ST - ZIP	DANVILLE IL 61832	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVEK, WILLIAM P	
STREET ADDRESS	5400 W LEITNER DR	
CITY - ST - ZIP	CORAL SPRINGS FL 33087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELGADO, JOSE L	
STREET ADDRESS	13540 SW 105 AVE	
CITY - ST - ZIP	MIAMI FL 33178	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hughes, Forest I.	
1.3 STREET ADDRESS	125 Swoope, Suite 203	
1.4 CITY - ST - ZIP	Maitland, FL 32974	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Espinosa, Luis M.	
2.3 STREET ADDRESS	1331 SW 104 Passage, #201	
2.4 CITY - ST - ZIP	Miami, FL 33174	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cambert, Rene M.	
3.3 STREET ADDRESS	1273 SW 139th Place	
3.4 CITY - ST - ZIP	Miami, FL 33184	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Schirmer, Gary J.	
4.3 STREET ADDRESS	124 Lakeside Drive	
4.4 CITY - ST - ZIP	Danville, IL 61832	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cowgill, Robert L. III	
5.3 STREET ADDRESS	5301 S. Atlantic Avenue, #44	
5.4 CITY - ST - ZIP	New Smyrna Beach, FL 32169	
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: *Reginald E Beane* PRES. 3/20/97 (305) 868-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)