

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90039 013 ***158.75

DOCUMENT # P95000085760

1. Corporation Name

FIRST COMMERCIAL MUTUAL COMPANY, AN ASSESSABLE M
UTUAL

Principal Place of Business

9960 N.W. 116TH WAY
STE. 12
MIAMI FL 33178
US

Mailing Address

9960 N.W. 116TH WAY
STE. 12
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D- Pres ☐ DELETE
NAME BEANE, REGINALD E
STREET ADDRESS 5088 NW 81S AVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☒ DELETE
NAME COWGILL, ROBERT L III
STREET ADDRESS 5301 S. ATLANTIC AVE., #44
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☐ DELETE
NAME LIVEK, WILLIAM P
STREET ADDRESS 5400 W LEITNER DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ DELETE
NAME DELGADO, JOSE L
STREET ADDRESS 13540 SW 105 AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE
NAME HUGHES, FOREST I
STREET ADDRESS 125 SWOOP, STE. 203
CITY-ST-ZIP MATLAND FL

TITLE VP - D ☐ DELETE
NAME ESPINOSA, LUIS M
STREET ADDRESS 1331 S.W. 104 PASSAGE, #201
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Cambert, Rene M.
1.3 STREET ADDRESS 9960 N.W. 116 Way Suite 12
1.4 CITY-ST-ZIP Miami Lakes, FL 33178

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 VP-D ☒ Change ☐ Addition
6.2 NAME Espinosa, Luis M.
6.3 STREET ADDRESS 15522 N.W. 82 Place
6.4 CITY-ST-ZIP Miami Lakes, FL 33016

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Reginald E. Beane

Date

Daytime Phone #

1-800-291-7776

CR2E034 (11/98)