

2004 FOR PROFIT CORPORATION ANNUAL REPORT



04-29-2004 90264 029 ***158.75

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TALLAHASSEE, FLORIDA

DOCUMENT # 454595					
1. Entity Name FIRST STATE BANK OF FORT LAUDERDALE					
Principal Place of Business 424 WEST SUNRISE BLVD. FT. LAUDERDALE, FL 33311-6211		Mailing Address 424 WEST SUNRISE BLVD. FT. LAUDERDALE, FL 33311-6211			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1548423	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLITZ, MARVIN N 424 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-listing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLITZ, MARVIN N	NAME	Freeman, Frederic J.		
STREET ADDRESS	11166 STONYBROOK LANE	STREET ADDRESS	1867 NW 93rd Way		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	Plantation, FL 33322		
TITLE	D <input type="checkbox"/> Delete	TITLE	SV/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARCIA, E. ANDRES	NAME	Joseph H. Magley		
STREET ADDRESS	825 MEDINA AVE	STREET ADDRESS	11224 NW 43rd Place		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Springs, FL 33071		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILO, JOSEPH A	NAME			
STREET ADDRESS	10 SE CENTRAL PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAPLOWITZ, BARRY MD	NAME			
STREET ADDRESS	21110 BISCAYNE BLVD # 304	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITT, DUNCAN	NAME			
STREET ADDRESS	10127 N.W. 70TH STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRELL, STEPHEN	NAME			
STREET ADDRESS	259 NW 90TH AVE	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with all other like empowered.					
SIGNATURE: 		Marvin N. Blitz		4-26-04 954-764-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	