


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90017 029 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000001161**

1. Corporation Name  
**COREWEST BANC, INC.**

Principal Place of Business 5405 GARDEN GROVE BLVD., #300 WESTMINSTER CA 92683	Mailing Address 5405 GARDEN GROVE BLVD., #300 WESTMINSTER CA 92683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/27/1998</b>	4. FEI Number <b>95-4548106</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STAAKE, RONALD E	
STREET ADDRESS	5405 GARDEN GROVE BLVD., #300	
CITY-ST-ZIP	WESTMINSTER CA 92683	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY C	
STREET ADDRESS	5405 GARDEN GROVE BLVD., #300	
CITY-ST-ZIP	WESTMINSTER CA 92683	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAM, LAURIE S	
STREET ADDRESS	5901 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MIDDLETON, THOMAS G	
STREET ADDRESS	5901 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	5901 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ECKERT, FRANK	
STREET ADDRESS	5405 GARDEN GROVE/BLVD., #300	
CITY-ST-ZIP	WESTMINSTER CA 92683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:  **Frank E. Eckert, Exec. Vice Pres.** 4/2/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (888) 495-0500

CR2E034 (11/98)