

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83030 (3)
1. Corporation Name
POINTE BANK



Principal Place of Business: **ONE WEST FLAMINGO DRIVE PEMBROKE PINES FL 33027**
Mailing Address: **21845 POWERLINE ROAD 33433 RATON FL 33027 US**

3. Date Incorporated or Qualified: **11/15/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0031869**
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

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, RICHARD J. PRESIDENT
1 WEST FLAMINGO DRIVE
PEMBROKE PINES FL 33027**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, BRUCE	
STREET ADDRESS	5410 N 35 ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MASSRY, MORRIS	
STREET ADDRESS	EXEC PARK N, STUYVESANT	
CITY-ST-ZIP	ALBANY NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAY, RICHARD	
STREET ADDRESS	77 SOUTH BIRCH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Stephen H. Barnett	
STREET ADDRESS	21845 Powerline Road	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	Kassin, Roberto	
STREET ADDRESS	21845 Powerline Road	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	R. Carl Palmer, Jr.	
STREET ADDRESS	21845 Powerline Road	
CITY-ST-ZIP	Boca Raton, Florida 33433	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or an attachment with an address.

SIGNATURE: *RCP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)