


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

FILED
May 08 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 # J83030 (3)

1. Corporation Name
POINTE BANK



Principal Place of Business ONE WEST FLAMINGO DRIVE PEMBROKE PINES FL 33027	Mailing Address 21845 POWERLINE ROAD BOCA RATON FL 33433-7852 US
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/15/1988	3a. Date of Last Report 07/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0031869	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRAY, RICHARD J. PRESIDENT 1 WEST FLAMINGO DRIVE PEMBROKE PINES FL 33027	10. Name and Address of New Registered Agent
	81. Name PALMER, R.C. JR.
	82. Street Address (P.O. Box Number is Not Acceptable) 21845 POWERLINE ROAD
	83. City BOCA RATON
	84. State FL
	85. Zip Code 33433

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]* DATE **4/30/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, BRUCE	1.2 NAME	
STREET ADDRESS	5410 N 35 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSRY, MORRIS	2.2 NAME	
STREET ADDRESS	EXEC PARK N, STUYVESANT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, RICHARD	3.2 NAME	
STREET ADDRESS	77 SOUTH BIRCH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STEPHEN H	4.2 NAME	
STREET ADDRESS	21845 POWERLINE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33027	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSIN, ROBERTO	5.2 NAME	
STREET ADDRESS	21845 POWERLINE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33027	5.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, R. C. JR.	6.2 NAME	PD
STREET ADDRESS	21845 POWERLINE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33027	6.4 CITY-ST-ZIP	BOCA RATON FL 33433

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: *[Signature]* DATE: **4/30/97** (561) 368-6300

CR2E034 (9/96)

Additional Officers and Directors

Title	D
Name	MCGINN, TIMOTHY
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433

Title	D
Name	MONTELEONE, RAYMOND
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433

Title	D
Name	REICH, STUART
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433