

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

**FILED**  
**Jun 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>ONE WEST FLAMINGO DRIVE                  PEMBROKE PINES, FL. 33027</b>	Mailing Address <b>21845 POWERLINE ROAD                  BOCA RATON, FL. 33433-7852</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>11/15/1988</b>	4. FET Number <b>65-0031869</b>	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent <b>PALMER, R. CARL, JR.                  21845 POWERLINE ROAD                  BOCA RATON, FL. 33433-7852</b>		10. Name and Address of New Registered Agent		

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: *Rene Pal* DATE: **5/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>R. CARL PALMER, JR.</b>		12 NAME	
STREET ADDRESS <b>21845 POWERLINE ROAD</b>		13 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL. 33433</b>		14 CITY-ST-ZIP	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORRIS MASSRY</b>		22 NAME	
STREET ADDRESS <b>EXEC PARK N, STUYVESANT</b>		23 STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY, NY</b>		24 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERTO KASSIN</b>		32 NAME	
STREET ADDRESS <b>21845 POWERLINE ROAD</b>		33 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL. 33433</b>		34 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TIMOTHY MCGINN</b>		42 NAME	
STREET ADDRESS <b>21845 POWERLINE ROAD</b>		43 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL. 33433</b>		44 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEVEN ELIAS</b>		52 NAME	
STREET ADDRESS <b>21845 POWERLINE ROAD</b>		53 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL. 33433</b>		54 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D. RICHARD MEAD, JR.</b>		62 NAME	
STREET ADDRESS <b>21845 POWERLINE ROAD</b>		63 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL. 33433</b>		64 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 from an alternate mailing address.

SIGNATURE: *Sandra B. Mortham* DATE: **4-29-98** TIME: **5:26:12**

CR2E034 (10/97)

*Pg 2 of 2*

**ADDITIONAL DIRECTOR/OFFICER INFORMATION:**

TITLE	D	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	PARKER D. THOMSON	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	SV	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	BEVERLY CHAMBERS	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	V	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	DENNIS REED	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	VT	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	BRADLEY R MEREDITH	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON, FL. 33433	