

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

0041804

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 029 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # J83030
 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 33027
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 21845 Powerline Road
 Suite, Apt. #, etc.
 22
 City & State
 23 Boca Raton Florida
 Zip Country
 24 33433 25 USA

2a. Mailing Address
 26 21845 Powerline Road
 Suite, Apt. #, etc.
 27
 City & State
 28 Boca Raton Florida
 Zip Country
 29 33433 30 USA

3. Date Incorporated or Qualified
11/15/1988

4. FEI Number
65-0031869

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**PALMER, CARL R JR
 21845 POWERLINE ROAD
 BOCA RATON FL 33433-7852**

10. Name and Address of New Registered Agent
 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 *Keef Palmer* *Passover* **4/21/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PALMER, R. CARL JR	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MASSRY, MORRIS	
STREET ADDRESS	EXEC. PARK N, STUYVESANT	
CITY-ST-ZIP	ALBANY NY	
TITLE	D	<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	MCGINN, TIMOTHY	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIAS, STEVEN	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEAD, D. RICHARD J R	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	

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: *Keef Palmer* **4-21-99** (561) 368-6300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

J83030
5324119013229

BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:

TITLE	D	<input type="checkbox"/> CHANGE	<input 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 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 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 type="checkbox"/> ADDITION
NAME	BRADLEY R MEREDITH		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		

