

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L28654 (6)

1. Corporation Name
CFB HOLDING CORPORATION

Principal Place of Business
401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US

Mailing Address
401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

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2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified
11/09/1989

4. FEI Number
65-0173159

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 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

85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, TURNER B	
STREET ADDRESS	401 N. TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAURAY, JEFFREY J	
STREET ADDRESS	401 N. TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GARY S	
STREET ADDRESS	401 N. TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STARK, EDWARD J	
STREET ADDRESS	401 N. TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	RHOADS, LYNN L	
STREET ADDRESS	401 N. TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: *Gary S. Williams* **Gary S. Williams 4-27-98 704 386-5956**

CR2E034 (10/97)