

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
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DOCUMENT # P93000070976 (4)
 1. Corporation Name
POINTE FINANCIAL CORPORATION



Principal Place of Business 21845 POWERLINE ROAD BOCA RATON FL 33433	Mailing Address 21845 POWERLINE ROAD BOCA RATON FL 33433-7852
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 09/29/1993	3a. Date of Last Report 07/08/1996
4. FEI Number 65-0451402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

BARNETT, STEPHEN H
21845 POWERLINE ROAD
BOCA RATON FL 33433

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

84 City
BOCA RATON

85 Zip Code
FL 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 *R. C. Palmer* (NOTE: Registered Agent signature required when reinstating) DATE **4/30/97**

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BARNETT, STEPHEN H	
STREET ADDRESS 21845 POWRLINE ROAD	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE DC	<input type="checkbox"/> DELETE
NAME KASSIN, ROBERTO	
STREET ADDRESS 21845 POWRLINE ROAD	
CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MONTELEONE, RAYMOND	
STREET ADDRESS 21845 POWERLINE ROAD	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input type="checkbox"/> DELETE
NAME REICH, STUART	
STREET ADDRESS 21845 POWERLINE ROAD	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STEIN, ALVIN	
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	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	BOCA RATON FL 33433
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *R. C. Palmer*

CP2E034 (9/96)

Additional Officers and Directors

Title	PD
Name	PALMER, RNC. JR.
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433

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