

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

**FILED**  
**May 18 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
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**DOCUMENT # P93000070976 (4)**  
 1. Corporation Name  
**POINTE FINANCIAL CORPORATION**



Principal Place of Business <b>21845 POWERLINE ROAD BOCA RATON FL 33433</b>	Mailing Address <b>21845 POWERLINE ROAD BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1993</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0451402</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	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	

9. Name and Address of Current Registered Agent <b>PALMER, R.C. JR 21845 POWERLINE ROAD BOCA RATON FL 33433</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and tax, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	DP.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME <b>R. CARL PALMER, JR. 21845 POWERLINE ROAD BOCA RATON, FL 33433</b>
NAME	<b>KASSIN, ROBERTO</b>		1.2 NAME				
STREET ADDRESS	<b>21845 POWLINE ROAD</b>		1.3 STREET ADDRESS				1.4 CITY - ST - ZIP <b>BOCA RATON, FL 33433</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.2 NAME	<b>MORRIS MASSKY</b>			2.3 STREET ADDRESS <b>21845 POWERLINE ROAD</b>
NAME	<b>MONTELEONE, RAYMOND</b>		2.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33433</b>			
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	3.2 NAME <b>STEVEN ELIAS</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>		3.3 STREET ADDRESS	<b>21845 POWERLINE ROAD</b>			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33433</b>			4.1 TITLE
NAME	<b>REICH, STUART</b>		4.2 NAME	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>		4.3 STREET ADDRESS	<b>RICHARD MEAD, JR.</b>			4.4 CITY - ST - ZIP <b>BOCA RATON, FL. 33433</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	5.2 NAME	<b>PARKER D. THOMSON</b>			5.3 STREET ADDRESS <b>21845 POWERLINE ROAD</b>
NAME	<b>MCGINN, TIMOTHY</b>		5.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33433</b>			
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>		6.1 TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	6.2 NAME <b>BEVERLY CHAMBERS</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>		6.3 STREET ADDRESS	<b>21845 POWERLINE ROAD</b>			
TITLE		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33433</b>			

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.

*[Handwritten Signature]*

4-2-98 171 36-1129

CR2E034 (10/97)

**ADDITIONAL DIRECTOR/OFFICER INFORMATION:**

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				