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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000070976

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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|---------------------|----|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/29/1993 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 65-0451402 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 | | |

| | | | | | |
|---|--|--|---|----|----------|
| 9. Name and Address of Current Registered Agent PALMER, R.C. JR 21845 POWERLINE ROAD BOCA RATON FL 33433 | | | 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: *R. C. Palmer* President DATE: 4/21/99
Signature, typed or printed name of registered agent and title 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASSIN, ROBERTO | 1.2 NAME | |
| STREET ADDRESS | 21845 POWRLINE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, R. CARL J | 2.2 NAME | |
| STREET ADDRESS | 21845 POWERLINE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASSRY, MORRIS | 3.2 NAME | |
| STREET ADDRESS | 21845 POWERLINE ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGINN, TIMOTHY | 4.2 NAME | |
| STREET ADDRESS | 21845 POWERLINE ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIAS, STEVEN | 5.2 NAME | |
| STREET ADDRESS | 21845 POWERLINE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEAD, D. RICHARD J | 6.2 NAME | |
| STREET ADDRESS | 21845 POWERLINE ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 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: *Richard J. Mead* DATE: 4-21-99 (561) 368 6300
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

CR2E034 (11/98)

PO3000070976
532 4109013228

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 | | |

