

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27032 (4)**

1. Corporation Name
SOUTHERN SECURITY BANK CORPORATION



Principal Place of Business: **805 E. HILLSBORO SUITE #102 DEERFIELD BEACH FL 33441-3521 US**
Mailing Address: **CORPORATE OFFICES POST OFFICE BOX 520 BOCA RATON FL 33429 US**

3. Date Incorporated or Qualified: **04/06/1992** 3a. Date of Last Report: **06/14/1995**
4. FEI Number: **65-0325364** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**WILSON, JAMES L
CORPORATE OFFICES
805 EAST HILLSBORO BLVD #102
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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	CSD	<input type="checkbox"/> DELETE
NAME	MODDDER, PHILIP C	
STREET ADDRESS	1135 SW 21ST ST BOCA RATON FL	
CITY - ST - ZIP	PD	
TITLE	WILSON, JAMES L	<input type="checkbox"/> DELETE
NAME	5224 MAJORCA CLUB DR	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP	D	
TITLE	BUTLER, TIMOTHY S	<input type="checkbox"/> DELETE
NAME	1900 NW 25TH ST	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP	D	
TITLE	STRASSER, EUGENE J	<input type="checkbox"/> DELETE
NAME	6770 NW 87TH AVE	
STREET ADDRESS	PARKLAND FL	
CITY - ST - ZIP	D	
TITLE	FRIEND, HAROLD C	<input type="checkbox"/> DELETE
NAME	1500 NW 10TH AVE #105	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP	D	
TITLE	BUTLER, ROBERT D	<input type="checkbox"/> DELETE
NAME	2424 S DIXIE HIGHWAY #100	
STREET ADDRESS	COCONUT GROVE FL	
CITY - ST - ZIP		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 provided 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: *James L Wilson* 4.2.96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES L WILSON, PRESIDENT**

CR2E034 (12/95)

BOCA RATON FL 33486-5520
POST OFFICE BOX 520
SOUTHERN SECURITY BANK CORP.
JAMES L WILSON, PRESIDENT