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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33429-0520 US**

3. Date Incorporated or Qualified: **04/08/1992**

3a. Date of Last Report: **02/09/1996**

4. FEI Number: **65-0325364**

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. **SOUTHERN SECURITY BANK**

22. **3475 SHERIDAN ST.**

23. **Hollywood, FL**

24. **33021** 25. **USA**

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: **WILSON, JAMES L**

82. Street Address (P.O. Box Number is Not Acceptable): **CORPORATE OFFICES**

83. **384 NW 9th TERRACE**

84. **BOCA RATON** FL 85. **33486**

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: *James L. Wilson* **JAMES L. WILSON** 3/18/97

12. OFFICERS AND DIRECTORS

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

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	384 NW 9th TERRACE
2.4 CITY-ST-ZIP	BOCA RATON FL 33486
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOUTHERN SECURITY BANK
3.3 STREET ADDRESS	3475 SHERIDAN STREET
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
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)(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 in an attachment with an address.

SIGNATURE: *James L. Wilson* **JAMES L. WILSON** 3/18/97 561 416-1100

CR2E034 (9/96)