

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 011180 (7)
 1. Corporation Name
FIRST COMMUNITY BANK OF PALM BEACH COUNTY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 104 SOUTH LAKE AVENUE P.O. DRAWER 599 PAHOKEE FL 33476	Mailing Address 104 SOUTH LAKE AVENUE P.O. DRAWER 599 PAHOKEE FL 33476
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3. Date Incorporated or Qualified
05/29/1922

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-0153980	Applied For <input type="checkbox"/> 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 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
**MORRIS, DALE W
 104 SOUTH LAKE AVENUE
 PAHOKEE FL 33476**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	EVPC <input type="checkbox"/> DELETE
NAME	HENDERSON, JOSEPH E.
STREET ADDRESS	104 S. LAKE AVE.
CITY-ST-ZIP	PAHOKEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STUBBS, SIDNEY A JR.
STREET ADDRESS	505 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCINTOSH, H. K
STREET ADDRESS	1631 1/2 BECOM PT. RD.
CITY-ST-ZIP	PAHOKEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POPE, LEWIS JR.
STREET ADDRESS	2343 BACOM POINT RD.
CITY-ST-ZIP	PAHOKEE FL
TITLE	POC <input type="checkbox"/> DELETE
NAME	MORRIS, DALE W
STREET ADDRESS	104 S. LAKE AVE.
CITY-ST-ZIP	PAHOKEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALVAREZ, GILBERTO
STREET ADDRESS	400 NE 2ND ST.
CITY-ST-ZIP	BELLE GLADE 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 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 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.

CR2E034 (10/97)