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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 # 350020

1. Corporation Name
CITY NATIONAL BANK CORPORATION



Principal Place of Business
 P O BOX 025604
 MIAMI FL 33102-2604

Mailing Address
 P O BOX 025604
 MIAMI FL 33102-2604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1271281	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHOCKETT, WILLIAM 25 W FLAGLER ST MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	EVD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director, EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARRS, R GRADY (CFO)			1.2 NAME	Thomas B. Brady		
STREET ADDRESS	25 W FLAGLER ST			1.3 STREET ADDRESS	25 W. Flagler St.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABESS, LEONARD L. SR.			2.2 NAME	Irving Cowan		
STREET ADDRESS	25 W FLAGLER ST			2.3 STREET ADDRESS	25 W. Flagler St.		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	James A. Ellis Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABESS, LEONARD L. JR.			3.2 NAME	+		
STREET ADDRESS	25 W FLAGLER ST			3.3 STREET ADDRESS	25 W. Flagler St.		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABESS, ALLAN T., JR			4.2 NAME			
STREET ADDRESS	25 W FLAGLER ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CMP, PATRICIA M			5.2 NAME	William Shockett		
STREET ADDRESS	25 W FLAGLER ST			5.3 STREET ADDRESS	25 W. Flagler St.		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	Miami, Florida		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Patricia M. Camp Patricia M. Camp 2-11-99 (305) 577-7445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)