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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

FLORIDA BANK OF COMMERCE

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Principal Plac	ce of Business	Ma	ailing Address				118888	444 8 0 MOLAC E 8 MAN MOLAC CONC	W 1831 21W14 21W14	RINIC NENDE RI	MIL BIRKI LOOL
1027 NEBRASKA AVE.			1027 NEBRASKA AVE.								
PALM HARBOR FL 34683 US			PALM HARBOR FL 34683-4309 US			DO NOT WRITE IN THIS SPACE					
US		Ų	•				3. Date Inco	orporated or Qualifie		JE ACE	
							01/06/				
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Numi				Applied For
21		26					59-13	307601		<u> </u>	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					e of Status Desired	· [Additional
22		27					5. Certificat	e or status Desired	<u></u>	Fee F	Required
City & State		<u> </u>	City & State			1	Campaign Financing			May Be	
23	Country	28		1 00			· · · · · · · · · · · · · · · · · · · ·	nd Contribution	⊔		i to Fees
Zip 24	Country		Zip	Cou	ntry			oration owes or has			
[24]	9. Name and Address of Cur	29 rrent Regist	ered Agent	30]				Property Tax due Ju nd Address of New			∐ No
DV.			area rigerio		81	Name	TO. Marine di	IG Address of New	negistered /	-yent	
•	.TT, HOWARD 1 DRUID RD E SUITE 712			ĺ							
	EARWATER FL 34616					Street Addre	ss (P.O. Box Number is Not Acceptable)				
CL	EANWAIER FL 34010			ŀ	83						
					84	City				0= 7:-	Carla
						•			FL	1 1 .	Code
11. Pursuant	to the provisions of Sections 607. registered agent, or both, in the St am familiar with, and accept the ob	0502 and 60	07.1508, Florida Statu	tes, the at	1-9VO	named corpo	oration submits	this statement for th	e purpose of	changing	its registered
agent. I a	am familiar with, and accept the ob	oligations of,	Section 607.0505, F	lorida Stati	utes.	ne corporation	ons board or gi	rectors, Thereby ac	cebi ine app	omiment a	s registered
SIGNATURE									4- 11		
	Signature, typed or printed name of registered		f applicable. (NO	TE: Registered			d when reinstating)		DATE		
12.	OFFICERS	agent and title i	f apolicable. (NO	TE: Registered	d Agent	signature required	ADDITION	S/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS SVP		f applicable. (NO	TE: Registered	Agent	signature required	ADDITION				
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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 changed, priori an attachment with an address.

FILED

Jan 26 1998 8:00am

Secretary of State