

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # **357689** (9)
1. Corporation Name
FLORIDA BANK OF COMMERCE



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| Principal Place of Business 1027 NEBRASKA AVE. PALM HARBOR FL 34683 US | | Mailing Address 1027 NEBRASKA AVE. PALM HARBOR FL 34683-4309 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date Incorporated or Qualified 01/06/1970 | | 4. FEI Number 59-1307601 | |
| 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 | |
| 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 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 BATT, HOWARD 611 DRUID RD E SUITE 712 CLEARWATER FL 34616 | | 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 FL | |

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 | SVP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRUTCHFIELD, SCOTT A. | 1.2 NAME | KOHLER, ROBERT L |
| STREET ADDRESS | 2918 HILLCREEK CR SO | 1.3 STREET ADDRESS | 2456 APPALOOSA TRAIL |
| CITY - ST - ZIP | CLEARWATER FL | 1.4 CITY - ST - ZIP | PALM HARBOR, FL |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | POSEVITZ, LASZLO D.O. | 2.2 NAME | ANTHONY B LEISNER |
| STREET ADDRESS | 1220 RUNNYMEDE | 2.3 STREET ADDRESS | 1350 RIVERSIDE AVE |
| CITY - ST - ZIP | DAYTON OH | 2.4 CITY - ST - ZIP | TARPON SPRINGS, FL |
| TITLE | VPC <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DWYER, PAT | 3.2 NAME | |
| STREET ADDRESS | 205 SUNBURST CT | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OHLMANN, WALTER | 4.2 NAME | |
| STREET ADDRESS | 3112 WINTERHAVEN | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | DAYTON, OH 0 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATT, HOWARD ESQUIRE | 5.2 NAME | |
| STREET ADDRESS | 1605 PINELLAS ROAD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEAIR FL | 5.4 CITY - ST - ZIP | |
| 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

11/15/98

(813) 587 0944

CR2E034 (10/97)