FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **389318** **(7)**

1. Corporation Name

THE SKYLAKE STATE BANK

Principal Place of Business	Mailing Address
1550 NW MIAMI GARDENS DRIVE PO BOX 694300 NORTH MIAMI BEACH FL 33269-1300 US	1550 NW MIAMI GARDENS DRIVE PO BOX 694300 NORTH MIAMI BEACH FL 33269-1300 US

3. Date Incorporated or Qualified: **09/29/1971**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1358793** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

BATTISTONE, DONALD J
1550 NE MIAMI GARDEN DRIVE
NORTH MIAMI BEACH FL 33269-8300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 date. Required. (NOTE: Registered Agent signature required when mailed or hand delivered.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BIGGS, WILLIAM		1.2 NAME	Edward C. Haynes	
STREET ADDRESS	6465 SW 133 DR.		1.3 STREET ADDRESS	3095 N.E. 190th Street #304	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Adventura, FL 33180	
TITLE	EVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, HARVEY I		2.2 NAME		
STREET ADDRESS	5222 N. SPRINGS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BATTISTONE,DONALD		3.2 NAME		
STREET ADDRESS	11310 N.W. 35 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HIME, MOLLY A.		4.2 NAME		
STREET ADDRESS	5332 SW 153 PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JACK W.		5.2 NAME		
STREET ADDRESS	2201 S.W. 98 COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, HULL		6.2 NAME		
STREET ADDRESS	1190 BALBOA COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Jack Brown 2/29/96 (305) 945-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #