


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

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Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 389318 (7)			
1. Corporation Name THE SKYLAKES STATE BANK			
Principal Place of Business 1550 NW MIAMI GARDENS DRIVE PO BOX 694300 NORTH MIAMI BEACH FL 33269-1300 US		Mailing Address 1550 NW MIAMI GARDENS DRIVE PO BOX 694300 NORTH MIAMI BEACH FL 33269-1300 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	BIGGS, WILLIAM		
STREET ADDRESS	8465 SW 133 DR.		
CITY - ST - ZIP	MIAMI, FL 00000		
TITLE	EVP	<input type="checkbox"/> DELETE	
NAME	SIMON, HARVEY I		
STREET ADDRESS	5222 N. SPRINGS WAY		
CITY - ST - ZIP	CORAL SPRINGS FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	BATTISTONE, DONALD		
STREET ADDRESS	11310 N.W. 35 PLACE		
CITY - ST - ZIP	SUNRISE FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	HIME, MOLLY A.		
STREET ADDRESS	5332 SW 153 PLACE		
CITY - ST - ZIP	MIAMI FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	BROWN, JACK W.		
STREET ADDRESS	2201 S.W. 98 COURT		
CITY - ST - ZIP	MIAMI FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	HAYNES, EDWARD C.		
STREET ADDRESS	3095 NE 190TH ST #304		
CITY - ST - ZIP	AVENTURA 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			



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0267160

CR2E034 (9/96)