FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT (STATE

Sandra B. Morth

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 389318

(7)

THE SKYLAKE STATE BANK

FILED
Jan 31 1997 8:00am
Secretary of State

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Principal Plac	ce of Business	Mailing Address			{	 	
	IMI GARDENS DRIVE	1550 NW MIAMI GARDENS	DRIVE	ļ			
PO BOX 6943		PO BOX 694300					
NORTH MIAM US	I BEACH FL 33269-1300	NORTH MIAMI BEACH FL (US	33269-130)	3. Date incorporated or Qualified 09/29/1971	3a. Date of Last Report 03/06/1996	
2. Principal I	Place of Business	28. Mailing Address			4. FEI Number	Applied For	
21		26			59-1358793 Not		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ale	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Cour	ntry	8. This corporation has liability for in	tangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	Yes No	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	latered Agent	
BA	ittistone, donald j			81 Name			
	50 NE MIAMI GARDEN DRIVE		ŀ	62 Street Add	dress (P.O. Box Number is Not Acceptabl	θ)	
NO	rth Miami Beach Fl 33269-83	00	ļ				
				83			
				84 City		85 Zip Code	
		e of Florida. Such change was a pations of, Section 607.0505, Flo	uthorized rida Stati	by the corpora ites.	rporation submits this statement for the pu ation's board of directors. I hereby accep	the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered	Agent signature requ	uired when rainstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	CD	☐ DELETE	1.1 TIT	LE.		Change Addition	
NAME	BIGGS, WILLIAM		1.2 NA	ME			
STREET ADDRESS			1.3 STF	REET ADORESS			
CITY - ST - ZIP	MIAMI, FL 00000	T DE CES		Y-ST-ZIP		T ALISE	
TITLE	EAL	☐ DELETE	2.1 Trī	1		Change Addition	
NAME	SIMON, HARVEY I		2.2 NA	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE		ry-st-zip		Change Addition	
TITLE	BATTISTONE, DONALD	CT NETELE	31 117	Ť		Ti ensufic Ti vocidore	
NAME	AAAAA MIN AF DI AAF		3.2 NA				
STREET ADDRESS	SUNRISE FL			REET ADDRESS			
CITY-ST-ZiP TITLE	V	☐ DELETE	3.4. CI	IY-ST-ZIP		Change Addition	
NAME	HIME, MOLLY A.		4. 2 N	ì		First Average Fit vegation	
STREET ADDRESS	TARA AUT APA DI AAF			REET ADDRESS			
CITY-ST-2IP	MIAMI FL			Y-ST-ZIP			
TITLE	V	DELETE	5.1 TIT			Change Addition	
NAME	BROWN, JACK W.	<u> </u>	5.2 NA				
STREET ADDRESS	AAAA A WA AA AALIAT			REET ADDRESS			
City-St-ZIP	MIAMI FL						
TITLE	P	☐ DELETE		Y-ST-ZIP		☐ Change ☐ Addition	
	P	DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP LE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	P HAYNES, EDWARD C.	☐ DELETE	5.4 CIT 6.1 TIT 6.2 NA	Y-ST-ZIP LE		☐ Change ☐ Addition	

14. I do 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 arrival 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:

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR