

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 389318

(7)

1. Corporation Name

THE SKYLAKE 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1971

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

21 1550 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 170770

Suite, Apt. #, etc.

22 City & State

23 N. MIAMI BEACH, FL

Zip

24 33179

Country

25 USA

27 City & State

28 HIALEAH, FL

Zip

29 33017

Country

30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME BIGGS, WILLIAM
STREET ADDRESS 6465 SW 133 DR.
CITY-ST-ZIP MIAMI, FL 00000

TITLE EVP ☐ DELETE

NAME SIMON, HARVEY I
STREET ADDRESS 5222 N. SPRINGS WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE V ☐ DELETE

NAME BATTISTONE, DONALD
STREET ADDRESS 11310 N.W. 35 PLACE
CITY-ST-ZIP SUNRISE FL

TITLE V ☐ DELETE

NAME HIME, MOLLY A.
STREET ADDRESS 5332 SW 153 PLACE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME BROWN, JACK W.
STREET ADDRESS 2201 S.W. 98 COURT
CITY-ST-ZIP MIAMI FL

TITLE P ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE:

JACK W. BROWN JACK W. BROWN

1/9/98 (306) 364-4264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0236962

CR2E034 (10/97)