

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 444593 (8)**  
 1. Corporation Name  
**TRANSFLORIDA BANK**



Principal Place of Business <b>1489 WEST PALMETTO PARK ROAD</b> <b>SUITE 300</b> <b>BOCA RATON FL 33486</b> <b>US</b>	Mailing Address <b>1489 WEST PALMETTO PARK ROAD</b> <b>SUITE 300</b> <b>BOCA RATON FL 33486-3388</b> <b>US</b>
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3. Date Incorporated or Qualified <b>01/22/1974</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-1510404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ZEDECK, MURRAY**  
**9100 GRIFFIN ROAD**  
**COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
<b>1489 West Palmetto Park Road</b>
83 Suite 300
84 City
<b>Boca Raton</b>
85 Zip Code
<b>FL 33486</b>

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	DC	<input type="checkbox"/> DELETE
NAME	<b>ZEDECK, MURRAY (DR)</b>	
STREET ADDRESS	<b>6300 MELALEUCA DR</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LIPPMAN, FREDERICK</b>	
STREET ADDRESS	<b>4315 BUCHANAN ST</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ZEDECK, LEONARD E</b>	
STREET ADDRESS	<b>1520 N E 105TH ST</b>	
CITY - ST - ZIP	<b>MIAMI SHORES FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROSEN, HARRY M</b>	
STREET ADDRESS	<b>1253 MANOR DR., SOUTH</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GRISWOLD, CARL F.</b>	
STREET ADDRESS	<b>4280 REFLECTIONS BLVD S</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>TUPLER, AUSTIN W.</b>	
STREET ADDRESS	<b>6570 S.W. 47TH CT.</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	

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	

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 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:  **Carl F. Griswold, President** 4/21/97 (561) 347-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Transflorida Bank  
1997 Corp. annual report  
Document # 444593  
Block 12 continued

D  
Lane, Stanley S.  
2161 N.E. 190th Terrace  
N. Miami Beach FL 33179

D  
Roth, Seymour  
10175 Collins Ave.  
Bal Harbour FL 33154

DV  
Himes, William E.  
2402 N.W. 108th Terrace  
Sunrise FL 33322