

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 444593 (8)  
1. Corporation Name  
TRANSFLORIDA BANK



Principal Place of Business 1489 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33486 US	Mailing Address 1489 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON FL 33486 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/22/1974 4. FEI Number 59-1510404 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZEDECK, MURRAY  
1489 WEST PALMETTO PARK RD.  
STE. 300  
BOCA RATON FL 33486

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

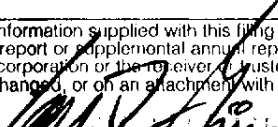
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEDECK, MURRAY (DR)	1.2 NAME	Iane, Stanley S.
STREET ADDRESS	8300 MELALEUCA DR	1.3 STREET ADDRESS	2161 NE 190 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	N. Miami Beach FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPPMAN, FREDERICK	2.2 NAME	Roth, Seymour
STREET ADDRESS	4315 BUCHANAN ST	2.3 STREET ADDRESS	10175 Collins Ave
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Bal Harbour FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEDECK, LEONARD E	3.2 NAME	Himes, William E.
STREET ADDRESS	1520 N E 105TH ST	3.3 STREET ADDRESS	2402 NW 108th Terrace
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	Sunrise, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/V/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, HARRY M	4.2 NAME	Best, Terry E.
STREET ADDRESS	1253 MANOR DR., SOUTH	4.3 STREET ADDRESS	7481 Red Bay Place
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Coral Springs FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISWOLD, CARL F.	5.2 NAME	
STREET ADDRESS	4280 REFLECTIONS BLVD S	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPLER, AUSTIN W.	6.2 NAME	
STREET ADDRESS	6570 S.W. 47TH CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	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:  Carl F. Griswold, Pres. 1/9/98 (561)347-0007

CR2E034 (10/97)