FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **567703** **(4)**

1. Corporation Name

FLORIDA BANCORPORATION, INC.

Principal Place of Business
1026 FLORIDA AVE
P.O. BOX 1080
PALM HARBOR FL 34682-1080
US

Mailing Address
1026 FLORIDA AVE
P.O. BOX 1080
PALM HARBOR FL 34682-1080
US

3. Date Incorporated or Qualified: 04/04/1978
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-2074173 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATT, HOWARD C
611 DRUID RD E SUITE 712
CLEARWATER FL 34616

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 _____ DATE _____
Signature, typed or printed name of registered agent or title if applicable — Registered Agent's signature in accordance with Section 607.0505

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DOCTOR, JOSEPH B, DO	
STREET ADDRESS	384 COTTONWOOD COURT	
CITY-ST-ZIP	FAIRBORN OH	
TITLE	D	☐ DELETE
NAME	POSEVITZ, LASZLO, DO	
STREET ADDRESS	1220 RUNNYMEDE	
CITY-ST-ZIP	DAYTON OH	
TITLE	PST	☐ DELETE
NAME	KOHLER, ROBERT L	
STREET ADDRESS	2456 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	GOLDBERG, DAVID	
STREET ADDRESS	7131 WHITE WATER CT	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	☐ DELETE
NAME	OHLMANN, WALTER	
STREET ADDRESS	3112 WINTERHAVEN	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	☐ DELETE
NAME	STAH, HAROLD	
STREET ADDRESS	5459 FOLKSTONE DR	
CITY-ST-ZIP	CENTERVILLE OH	

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		

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***400.00

7 4.26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RA Kohler — A-22296 — 813-781-6819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (12/95)