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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
04/26/1996

2. Principal Place of Business

21 1027 Nebraska Ave.

Suite, Apt #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 1027 Nebraska Ave.

Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

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

Signature typed or printed name of registered agent and for if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOCTOR, JOSEPH B. DO	
STREET ADDRESS	384 COTTONWOOD COURT	
CITY-ST-ZIP	FAIRBORN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSEVITZ, LASZLO, DO	
STREET ADDRESS	1220 RUNNYMEDE	
CITY-ST-ZIP	DAYTON OH	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	KOHLER, ROBERT L	
STREET ADDRESS	2456 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, DAVID	
STREET ADDRESS	7131 WHITE WATER CT	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OHLMANN, WALTER	
STREET ADDRESS	3112 WINTERHAVEN	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	<input type="checkbox"/> 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	<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:

Robert L. Kohler Robert L. Kohler

1-9-97

813-787-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0480785

CR2E034 (9/96)