

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

FILED
Jan 16 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 # 567703 (4)
1. Corporation Name
FLORIDA BANCORPORATION, INC.

Principal Place of Business 1027 NEBRASKA AVE P.O. BOX 1080 PALM HARBOR FL 34682-1080 US	Mailing Address 1027 NEBRASKA AVE P.O. BOX 1080 PALM HARBOR FL 34682-1080 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2074173		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ADDRESS CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCTOR, JOSEPH B, DO	1.2 NAME	
STREET ADDRESS	384 COTTONWOOD COURT	1.3 STREET ADDRESS	358 N. Alpha Bellbrook Rd
CITY-ST-ZIP	FAIRBORN OH	1.4 CITY-ST-ZIP	Beavercreek, OH 45434 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	POSEVITZ, LASZLO, DO	2.2 NAME	
STREET ADDRESS	1220 RUNNYMEDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	2.4 CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, ROBERT L	3.2 NAME	
STREET ADDRESS	2456 APPALOOSA TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, DAVID	4.2 NAME	
STREET ADDRESS	7131 WHITE WATER CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLMANN, WALTER	5.2 NAME	
STREET ADDRESS	3112 WINTERHAVEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	NAME CORRECTION: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, HAROLD	6.2 NAME	Stahl, Harold
STREET ADDRESS	5459 FOLKSTONE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CENTERVILLE OH	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: Robert L Kohler Robert L Kohler Pres 01-05-98 (813) 787-2265

CR2E034 (10/97)