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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 8 PM 2:45

DOCUMENT # **671759** (9)

1. Corporation Name
UNION BANK OF FLORIDA

Principal Place of Business Mailing Address
1001M N PINE ISLAND RD PLANTATION FL 33322 **1801 N. PINE ISLAND ROAD PLANTATION FL 33322 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/02/1980** 3a. Date of Last Report **02/02/1994**
4. FEI Number **59-1318090** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1801 N. PINE ISLAND RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CHAPERON, JOHN S
1801 N PINE ISLAND RD
PLANTATION FL 33322**

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 _____
(Print name, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | MILLER, LEONARD |
| STREET ADDRESS | 700 NW 107TH AVENUE |
| CITY-ST-ZIP | MIAMI BCH, FL |
| TITLE | D |
| NAME | DOUMAR, RAYMOND A. |
| STREET ADDRESS | 1177 S.E. 3RD AVENUE |
| CITY-ST-ZIP | FORT LAUDERDALE FL |
| TITLE | D |
| NAME | EATON, GERALD T. |
| STREET ADDRESS | 517 NORTH RAINBOW |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | PD |
| NAME | CHAPERON, JOHN S.. |
| STREET ADDRESS | 5300 MCKINLEY STREET |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | SVP |
| NAME | BREWER, JACK R |
| STREET ADDRESS | 1107 S.E. 6TH ST. |
| CITY-ST-ZIP | FORT LAUDERDALE FL |
| TITLE | SVP |
| NAME | WINES, LYNNE |
| STREET ADDRESS | 373 N.W. 101ST AVENUE |
| CITY-ST-ZIP | CORAL SPRINGS FL |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DELETE THIS PERSON |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D, EVP |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption under Section 118.07(3)(b), Florida Statutes. I further certify that the information included 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 2 or Block 13 if changed. I am an individual with an address.

SIGNATURE: _____ DATE: **2/27/95**
(Signature and typed or printed name of signing officer or director) (Date)