

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 # 671759 (9)

1. Corporation Name
UNION BANK OF FLORIDA



Principal Place of Business: **181 N PINE ISLAND RD PLANTATION FL 33322 US**
Mailing Address: **1801 N. PINE ISLAND ROAD PLANTATION FL 33322 US**

3. Date Incorporated or Qualified: **06/02/1980** 3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1318090** 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

2. Principal Place of Business: **21 1801 N. PINE ISLAND RD** 2a. Mailing Address: **26**
22 City & State: **27** 23 Zip: **28** 24 Country: **29** 25 Country: **30**

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: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **MILLER, LEONARD**
STREET ADDRESS: **700 NW 107TH AVENUE**
CITY-ST-ZIP: **MIAMI BCH. FL**
2. TITLE: **D** DELETE
NAME: **DOUMAR, RAYMOND A.**
STREET ADDRESS: **1177 S.E. 3RD AVENUE**
CITY-ST-ZIP: **FORT LAUDERDALE FL**
3. TITLE: **PD** DELETE
NAME: **CHAPERON, JOHN S..**
STREET ADDRESS: **5300 MCKINLEY STREET**
CITY-ST-ZIP: **HOLLYWOOD FL**
4. TITLE: **SVP** DELETE
NAME: **BREWER, JACK R**
STREET ADDRESS: **1107 S.E. 6TH ST.**
CITY-ST-ZIP: **FORT LAUDERDALE FL**
5. TITLE: **DEVP** DELETE
NAME: **WINES, LYNNE**
STREET ADDRESS: **373 N.W. 101ST AVENUE**
CITY-ST-ZIP: **CORAL SPRINGS FL**
6. TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: _____ Change Addition
2. 2. NAME: _____
3. 3. STREET ADDRESS: _____
4. 4. CITY-ST-ZIP: _____
5. 5. TITLE: _____ Change Addition
6. 6. NAME: _____
7. 7. STREET ADDRESS: _____
8. 8. CITY-ST-ZIP: _____
9. 9. TITLE: _____ Change Addition
10. 10. NAME: _____
11. 11. STREET ADDRESS: _____
12. 12. CITY-ST-ZIP: _____
13. 13. TITLE: _____ Change Addition
14. 14. NAME: _____
15. 15. STREET ADDRESS: _____
16. 16. CITY-ST-ZIP: _____

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 provided 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 a 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Jun 96 305/476-4356
Date of Filing Phone #

CR2E034 (12/95)