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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F53724** (3)

1. Corporation Name

BANK OF CENTRAL FLORIDA

Principal Place of Business

**1401 LEE ROAD
ORLANDO FL 32810**

Mailing Address

**1401 LEE ROAD
ORLANDO FL 32810**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **DONALD C. ROGERS RA NOT**
82 Street Address (P.O. Box Number is Not Acceptable) **1401 LEE ROAD REQUIRED**
83 **FOR BANKS**
84 City **ORLANDO** FL 85 Zip Code **32810**

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 in print name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CD	MUROSKE, JOHN E.	3850 N LAKE ORL PKWY	ORLANDO FL	<input type="checkbox"/>
PD	ROGERS, DONALD C.	2230 THUNDERBIRD TRAIL	MAITLAND FL	<input type="checkbox"/>
D	CARTER, JOHN L.	1700 S CHICKASAW TR.	ORLANDO FL	<input checked="" type="checkbox"/>
VC	KUEHLER, ERNEST R.	1310 MAITLAND AVE.	MAITLAND FL	<input type="checkbox"/>
D	THOMAS, WILLIAM P.	3320 CARLA AVE.	ORLANDO FL	<input type="checkbox"/>
EVP	DUNFEE, ROBERT E	509 ALCAZAR AVE	ALTAMONTE SPGS. FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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Call 3/15/96

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)