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

APPROVED AND FILED
96 MAY -1 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F70354

1. Corporation Name: SOUTHERN FLORIDA BANCORPORATION

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 3/9/82
3a. Date of Last Report: 4/7/95

2. Principal Place of Business	2a. Mailing Address
21 FDIC-100 Colony Sq. Box 68	26 FDIC-100 Colony Sq. Box 68
Suite, Apt #, etc: 22 Ste. 2200	Suite, Apt #, etc: 27 Ste. 2200
City & State: 23 Atlanta, GA.	City & State: 28 Atlanta, GA.
Zip: 24 30361 Country: 25 USA	Zip: 29 30361 Country: 30 USA

4. FEI Number: 59-2400042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] — **$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 [X] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Road
Plantation, Fl 33324

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	D/P	[X] Change	[X] Addition
1.2 NAME	Charles P. Farrell, Jr.		
1.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200		
1.4 CITY-ST-ZIP	Atlanta, GA. 30361		
2.1 TITLE	D/VP/AS	[X] Change	[X] Addition
2.2 NAME	Patricia J. Ray		
2.3 STREET ADDRESS	1100 Colony Sq. Box 68 Ste. 2200		
2.4 CITY-ST-ZIP	Atlanta, GA. 30361		
3.1 TITLE	D/S/T	[X] Change	[X] Addition
3.2 NAME	John P. Rossetti		
3.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200		
3.4 CITY-ST-ZIP	Atlanta, GA. 30361		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Charles P. Farrell Jr. — 4-18-96 — 404 870 7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles P. Farrell, Jr.