


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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F70354 (8)					
1. Corporation Name SOUTHERN FLORIDA BANCORPORATION					



Principal Place of Business FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30361 US		Mailing Address FDIC-100 COLONY SQ. BOX 68 SUITE 2200 ATLANTA GA 30301-0068 US	
2. Principal Place of Business 21 FDIC-1201 W. Peachtree St. Suite, Apt. #, etc. 22 Suite 1800 City & State 23 Atlanta, GA Zip 24 30309 Country 25 U.S.		2a. Mailing Address 26 FDIC-1201 W. Peachtree St. Suite, Apt. #, etc. 27 Suite 1800 City & State 28 Atlanta, GA Zip 29 30309 Country 30 U.S.	

3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2400042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FARRELL, CHARLES P JR FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS RAY, PATRICIA J FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROSSETTI, JOHN P FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DST Lawrence W. Lockwood FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Charles P. Farrell, Jr.* **3-17-97 (404) 817-2519**
Charles P. Farrell, Jr., President
 Date Daytime Phone #

CR2E034 (9/96)