

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004796 (7)
 1. Corporation Name
INTERVEST BANCSHARES CORPORATION



Principal Place of Business 10 ROCKEFELLER PLAZA, #1015 NEW YORK NY 10020-1903	Mailing Address 10 ROCKEFELLER PLAZA, #1015 NEW YORK NY 10020-1903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1995	
21	22	26	27	4. FEI Number 13-3699013	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS INC. 528 E. PARK AVE., #200 TALLAHASSEE FL 32301				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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, LAWRENCE G	1.2 NAME	
STREET ADDRESS	201 EAST 62ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAN, MICHAEL A	2.2 NAME	
STREET ADDRESS	KING ABDULAZIZ ST., 24TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	JEDDAH KI	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANSKER, JEROME	3.2 NAME	
STREET ADDRESS	860 FIFTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JEDDAH SAUDI ARABIA	3.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANSKER, LOWELL S	4.2 NAME	
STREET ADDRESS	360 WEST 55TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDGE, MILTON F	5.2 NAME	
STREET ADDRESS	43 SALEM RIDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLY, WILLIAM F	6.2 NAME	
STREET ADDRESS	183 EAST MAIN ST., 4TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	6.4 CITY-ST-ZIP	

14. I 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:  **SIGNATURE REQUIRED** 1/22/98 (212) 757-7300

CR2E034 (10/97)

INTERVEST BANCSHARES CORPORATION

7.1	TITLE	D	X Addition
7.2	NAME	WILLMOTT, DAVID J.	
7.3	STREET ADDRESS	1461 OLD COUNTRY ROAD	
7.4	CITY-ST-ZIP	RIVERHEAD, NY 11901	

8.1	TITLE	D	X Addition
8.2	NAME	WOOD, WESLEY T.	
8.3	STREET ADDRESS	24 TIMBER RIDGE DRIVE	
8.4	CITY-ST-ZIP	LAUREL HOLLOW, OYSTER BAY, NY 11771	