



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	
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		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/05/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 13-3699013	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		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	
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  (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	BERGMAN, LAWRENCE G				
STREET ADDRESS	201 EAST 62ND ST				
CITY - ST - ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CALLEN, MICHAEL A				
STREET ADDRESS	KING ABDULAZIZ ST., 24TH FL				
CITY - ST - ZIP	JEDDAH KI				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	DANSKER, JEROME				
STREET ADDRESS	860 FIFTH AVE				
CITY - ST - ZIP	JEDDAH SAUDI ARABIA				
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	DANSKER, LOWELL S				
STREET ADDRESS	360 WEST 55TH ST				
CITY - ST - ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GIDGE, MILTON F				
STREET ADDRESS	43 SALEM RIDGE DR				
CITY - ST - ZIP	HUNTINGTON NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HOLLY, WILLIAM F				
STREET ADDRESS	183 EAST MAIN ST., 4TH FL				
CITY - ST - ZIP	ROCHESTER NY				



DO NOT WRITE IN THIS SPACE

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

1/23/98 (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	