

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F97773 (8)

1. Corporation Name  
CAPITAL BANK

Principal Place of Business

1221 BRICKELL AVE 12TH FLOOR  
ATTN: KISH, TIMOTHY E. SIXTH FLOOR  
MIAMI FL 33131-3261  
US

Mailing Address

1221 BRICKELL AVE 12TH FLOOR  
ATTN: TIMOTHY E. KISH, 6TH FLOOR  
MIAMI FL 33131-3261  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/01/1982		05/01/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1531185		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

KISH, TIMOTHY E.  
1221 BRICKELL AVENUE, 6TH FL  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
Laurence Meyerson  
82 Street Address (P.O. Box Number is Not Acceptable)  
1221 Brickell Avenue  
83 6th Floor  
84 City  
Miami, FL 85 Zip Code  
33131

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

April 25, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISELBERG, ALAN	1.2 NAME	Kiefer, John W.
STREET ADDRESS	10240 SW 125TH STREET	1.3 STREET ADDRESS	1799 W. Oakland Park Boulevard
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Oakland Park, FL 33311
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN O. M.D.	2.2 NAME	
STREET ADDRESS	1100 NW 61ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTZ, DANIEL	3.2 NAME	Ferro, Simon
STREET ADDRESS	3545 ANCHORAGE WAY	3.3 STREET ADDRESS	1221 Brickell Avenue, 12th Floor
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTZ, JAVIER	4.2 NAME	Chase, Ronald
STREET ADDRESS	94 LAGORCE CIRCLE	4.3 STREET ADDRESS	1221 Brickell Avenue, 12th Floor
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	SV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISH, TIMOTHY E.	5.2 NAME	Platt, Craig L.
STREET ADDRESS	12100 MOSS RANCH ROAD	5.3 STREET ADDRESS	1221 Brickell Avenue, 12th Floor
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001803877
STREET ADDRESS		6.3 STREET ADDRESS	-05/01/96--01102--049
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

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:

April 25, 1996

(305) 536-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel M. Holtz, President

Date

Daytime Phone #

CR2E034 (12/95)