

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33131-3224 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/01/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1531185	Applied For Not Applicable
5. Certificate of Status Desired <input 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
**MEYERSON, LAURENCE
1221 BRICKELL AVENUE, 6TH FL
MIAMI FL 33131**

10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City 65 Zip Code FL

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) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KIEFER, JOHN W
STREET ADDRESS	1799 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP	OAKLAND PARK FL 33311
TITLE	CPD <input type="checkbox"/> DELETE
NAME	HOLTZ, DANIEL
STREET ADDRESS	3545 ANCHORAGE WAY
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FERRO, SIMON
STREET ADDRESS	1221 BRICKELL AVE 12TH FLOOR
CITY - ST - ZIP	MIAMI FL 33131-3261
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLTZ, JAVIER
STREET ADDRESS	94 LAGORCE CIRCLE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PLATT, CRAIG L
STREET ADDRESS	1221 BRICKELL AVE 12TH FLOOR
CITY - ST - ZIP	MIAMI FL 33131-3261
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/28/97 (305) 536-1550
Date Daytime Phone #
Daniel M. Holtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)