

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G75674** (3)

1. Corporation Name

**METRO BANK OF DADE COUNTY**



Principal Place of Business	Mailing Address
1390 S. DIXIE HIGHWAY CORAL GABLES FL 33146	1390 S. DIXIE HIGHWAY CORAL GABLES FL 33146

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1983	05/01/1995
4. FEI Number	Applied For
59-2360317	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				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 607.1505, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when new filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGGLAND, DANIEL C.		2. NAME		
STREET ADDRESS	7395 SW 166TH STREET		3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINTZ, LAWRENCE		22. NAME		
STREET ADDRESS	2333 BRICKELL AVE.		23. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELCHER JR, J ANTHONY		32. NAME		
STREET ADDRESS	9425 SW 94TH ST		33. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'ROURKE, JACK		42. NAME		
STREET ADDRESS	7261 SW 146 ST. CIR		43. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAVENICK, FRED S		52. NAME		
STREET ADDRESS	369 LEUCADENDRA DR		53. STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		54. CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEDER, NATHAN I		62. NAME		
STREET ADDRESS	10240 SW 128TH ST		63. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		64. CITY-ST-ZIP		

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)(c), 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: *Daniel C. Egglund* March 22, 1996 (305) 662-1390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)