


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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H05887 (5) 1. Corporation Name FIRST AMERICAN BANK OF INDIAN RIVER COUNTY			
Principal Place of Business 4000 20TH STREET VERO BEACH FL 32980-2414		Mailing Address 4000 20TH STREET VERO BEACH FL 32980-2414	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
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
		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 reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	1.1 TITLE	
NAME	MCCALL, RONALD	1.2 NAME	
STREET ADDRESS	7150 20TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	WILLIAMS, ANDREW	2.2 NAME	
STREET ADDRESS	616 AZALEA LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	SEXTON, CHARLES R. S	3.2 NAME	
STREET ADDRESS	P.O. BOX 1208 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	SHACKLEY, STEVEN C.	4.2 NAME	
STREET ADDRESS	8835 26TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	
NAME	MCWILLIAM, ROBERT	5.2 NAME	
STREET ADDRESS	440 - 45TH CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	SMITH, DAVID BARRY, JR.	6.2 NAME	
STREET ADDRESS	1635 51ST CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	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)(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: _____ 3/26/97 561-567-0552			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)