FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:17

DOCUMENT # **H43785** **(5)**

1. Corporation Name
PRIME BANK

Principal Place of Business	Mailing Address
3717 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33436-4540	3717 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33436-4540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1985	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2509986	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. — 22	Suite, Apt. #, etc. — 27
City & State — 23	City & State — 28
Zip — 24 / Country — 25	Zip — 29 / Country — 30

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 607.1508, 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEHAYES, GERALD F	12 NAME	
STREET ADDRESS	707 NAVIGATORS WAY	13 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	CEARLEY, CALVIN L.	22 NAME	
STREET ADDRESS	1384 NORTHAMPTON TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LEVINE, JERROLD	32 NAME	
STREET ADDRESS	11885 S.W. 62ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DC	41 TITLE	☐ Change ☐ Addition
NAME	RAPAPORT, PETER A.	42 NAME	
STREET ADDRESS	277 JAMACIA LN.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WIGGS, WALTER K.	52 NAME	
STREET ADDRESS	11258 TWELVE OAKS WAY	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	EVP	61 TITLE	☐ Change ☐ Addition
NAME	KITCHEN, JOHN D.	62 NAME	
STREET ADDRESS	7539 OAKMONT DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH 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)(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: John D. Kitchen 3-27-95 407-737-7660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #