

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

OFFICE OF CORPORATIONS

1996-14-96

B-2242

C

DOCUMENT # H43785

(5)

1. Corporation Name

PRIME BANK



Principal Place of Business

3717 BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33436-4540

Mailing Address

3717 BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33436-4540

3. Date Incorporated or Qualified

02/21/1985

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2509986

Applied For

Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DEHAYES, GERALD F
STREET ADDRESS 707 NAVIGATORS WAY
CITY-ST-ZIP EDGEWATER FL

TITLE DP ☐ DELETE

NAME CEARLEY, CALVIN L.
STREET ADDRESS 1384 NORTHAMPTON TRAIL
CITY-ST-ZIP WEST PALM BCH FL

TITLE D ☐ DELETE

NAME LEVINE, JERROLD
STREET ADDRESS 11885 S.W. 62ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE DC ☐ DELETE

NAME RAPAPORT, PETER A.
STREET ADDRESS 277 JAMACIA LN.
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME WIGGS, WALTER K.
STREET ADDRESS 11258 TWELVE OAKS WAY
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE EVP ☐ DELETE

NAME KITCHEN, JOHN D.
STREET ADDRESS 7539 OAKMONT DRIVE
CITY-ST-ZIP LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-6-96

407-737-7660

CR2E034 (12/95)