


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H83808 (6) 1. Corporation Name PENINSULA BANK		



Principal Place of Business 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	Mailing Address 3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 10/29/1985	
				4. FEI Number 59-2525958	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 607.1506, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President/Cashier/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOYDIC, LINDA R		1.2 NAME	Sharon R Ruben	
STREET ADDRESS	485 AZURE ROAD		1.3 STREET ADDRESS	400-G Mission Trail East	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	CEO	<input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN, Pres. & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, SIMON		2.2 NAME	SIMON PORTNOY	
STREET ADDRESS	2 DOMINICA DR		2.3 STREET ADDRESS	2 DOMINICA DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLOM, PAUL T.		3.2 NAME		
STREET ADDRESS	3320 BOURBON ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD A		4.2 NAME		
STREET ADDRESS	1193 HIGHLAND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORICCO, CARLO J		5.2 NAME		
STREET ADDRESS	3005 CARING WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTT FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERENTILL, LUIS H		6.2 NAME		
STREET ADDRESS	2885 N TAMiami TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL		6.4 CITY-ST-ZIP		

14. I 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:

Sharon R Ruben

941-473-3722

CR2E034 (5/98)