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FILED

Apr 30 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 # J37899 (8)

1. Corporation Name
FIRST WESTERN BANK

Principal Place of Business
5854 SOUTH FLAMINGO ROAD
COOPER CITY FL

Mailing Address
5854 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330-3237



3. Date Incorporated or Qualified 10/14/1986
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2497326

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALIS, NEAL R. ESQ.
7320 GRIFFIN ROAD
SUITE 109
DAVIE, FL 33314

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME KOENIG, PAUL
STREET ADDRESS 4734 JEFFERSON STREET
CITY-ST-ZIP HOLLYWOOD FL

DELETE

TITLE D
NAME LEGG, ROBERT P.
STREET ADDRESS 1800 N. DOUGLAS ROAD
CITY-ST-ZIP PEMBROKE PINES FL

DELETE

TITLE DP
NAME GAINES, JOANNE
STREET ADDRESS 5854 S FLAMINGO RD
CITY-ST-ZIP COOPER CITY FL

DELETE

TITLE D
NAME HEYDER, KENNETH
STREET ADDRESS 6510 SW 57TH AVENUE
CITY-ST-ZIP DAVIE FL

DELETE

TITLE O
NAME STARK, DAVID P.
STREET ADDRESS 220 N 85TH WAY
CITY-ST-ZIP HOLLYWOOD FL

DELETE

TITLE D
NAME JOHNSON, JAMES
STREET ADDRESS 9760 NW 11TH ST
CITY-ST-ZIP PLANTATION FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Vice President
Kevin SACKETT
5854 South Flamingo Road
Cooper City, FL 33330

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Kevin Sackett VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

954-434-7600

CR2E034 (9/96)