

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

FILED

May 07 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 # **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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Kalis & Kleiman, P.A.
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** ☒ DELETE
NAME **KOENIG, PAUL**
STREET ADDRESS **4734 JEFFERSON STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **SrVP**
1.3 STREET ADDRESS **BARNES, MAX**
1.4 CITY-ST-ZIP **5854 S. FLAMINGO ROAD
COOPER CITY, FL 33330**

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

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

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

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

TITLE **D** ☐ DELETE
NAME **HEYDER, KENNETH**
STREET ADDRESS **8510 SW 57TH AVENUE**
CITY-ST-ZIP **DAVIE FL**

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

TITLE **VP** ☐ DELETE
NAME **SACKET, KEVIN**
STREET ADDRESS **5854 S FLAMINGO ROAD**
CITY-ST-ZIP **COOPER CITY FL**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Kevin Sacket VP

4/28/98

954424760

CF2E034 (10/97)