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FILED
Mar 10 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J37899

1. Corporation Name
FIRST WESTERN BANK



03/10/99 90249 028 150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5854 SOUTH FLAMINGO ROAD
COOPER CITY FL

Mailing Address
5854 SOUTH FLAMINGO ROAD
COOPER CITY FL

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1986	
21	26	4. FEI Number 59-2497326		Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	27	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28				
24	25	29	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	SV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, MAX	1.2 NAME	DAVID E. MALINOFF
STREET ADDRESS	5854 S FLAMINGO ROAD	1.3 STREET ADDRESS	11265 Roundelay Road
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	Cooper City, Florida 33026
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGG, ROBERT P.	2.2 NAME	DONALD LINTON
STREET ADDRESS	1800 N. DOUGLAS ROAD	2.3 STREET ADDRESS	3000 Abel Road
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Lake Placid, Florida 33852
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, JOANNE	3.2 NAME	EDWARD KAPLAN
STREET ADDRESS	5854 S FLAMINGO RD	3.3 STREET ADDRESS	3822 N. 41st Avenue
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	Hollywood, Florida 33021
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HEYDER, KENNETH	4.2 NAME	
STREET ADDRESS	8510 SW 57TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACKET, KEVIN	5.2 NAME	RICHARD KELLER
STREET ADDRESS	5854 S FLAMINGO ROAD	5.3 STREET ADDRESS	2780 S.W. 116 Avenue
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	Davie, Florida 33330
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	6.2 NAME	
STREET ADDRESS	9780 NW 11TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION 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, with all other like empowered.

SIGNATURE: David E. Malinoff 3-8-99 974-434-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)