

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J55732 (8)
1. Corporation Name
BANKERS SAVINGS BANK

Principal Place of Business
2222 PONCE DE LEON BLVD.
CORAL GABLES FL 33143

Mailing Address
2222 PONCE DE LEON BLVD.
CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1987		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2666937		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 607.1508, 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD DOLAN, WILLIAM W. PH-6, 1 GROVE ISLE CORAL GABLES FL	1.1 TITLE	V Enid Cline 19707 SW 87 Ct. Miami, FL 33157
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD ARTHUR SHAPIRO, MD. 3141 ROYAL PALM AVE. MIAMI FL	2.1 TITLE	V Margaret Simpson 13149 SW 95 Ave. Miami, FL 33176
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V LUNGER, RONALD A. 14060 S.W. 106TH ST. MIAMI FL	3.1 TITLE	V Abel Montuori 515 NE 115 St. Biscayne Park, FL 33161
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHAPIRO, ARTHUR 3141 ROYAL PALM AVE MIAMI BCH FL	4.1 TITLE	P Octavio Hernandez 12850 SW 147 Ln Rd Miami, FL 33186
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D JOHN CHRISTIAN HANSEN 9998 SW 143 ST. MIAMI FL	5.1 TITLE	V Margarita Menendez 1440 SW 31 Ave. Miami, FL 33145
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD JOHN LUBERA 8885 SW 182 ST. MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

CR2E034 (4/97)

Document # J55732 (8)

**BANKERS SAVINGS BANK
1997 Corporation Annual Report
Officers/Directors in addition to those listed in Block 12**

D

Jack Levine
4390 Pine Tree Dr.
Miami Beach, Fl 33140

D

Frances Everett
9650 N. Bayshore Dr.
Miami Shores, Fl 33138

D

James Murphy
2843 S. Bayshore Dr. #3E
Coconut Grove, Fl

Delete

V

Maria Torres
304 NW 136 Place
Miami, FL

Delete