

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J57195** (6)

1. Corporation Name

ADMIRALTY BANK

Principal Place of Business

**4400 PGA BOULEVARD
PALM BEACH GARDENS FL 33410**

Mailing Address

**4400 PGA BOULEVARD
PALM BEACH GARDENS FL 33410**



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/16/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2719229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

Not required pursuant
to Florida Statutes
Chapter 603.034(2)

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 appropriate

(NOTE: Registered Agent signature required when not starting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CBD**
STREET ADDRESS **GERLACH, CHARLES W**
CITY-STATE-ZIP **120 ATLANTIC AVENUE
PALM BEACH FL 33480**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DUFFY, KEITH F**
CITY-STATE-ZIP **21707 SAN SIMEON CIRCLE
BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HEALEY, EDWARD J**
CITY-STATE-ZIP **3915 SOUTH FLAGLER DRIVE, #321
WEST PALM BEACH FL 33405**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NICEWONGER, JOHN**
CITY-STATE-ZIP **7608 SIERRA DRIVE W
BOCA RATON FL 33433-3320**

TITLE ☒ DELETE
NAME **WILLIAMS, ANDREW**
STREET ADDRESS **616 AZALEA LANE**
CITY-STATE-ZIP **VERO BEACH FL 32903**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **WOROSZ, JAMES M**
CITY-STATE-ZIP **3000 NO. OCEAN DR. #37G
SINGER ISLAND FL 33404**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

VCBD/CEO
Semrad, James A.
122 NW 104th Terrace
Coral Springs, FL 33071

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Worosz

DATE

407-624-4100

Daytime Phone #

CR2E034 (12/95)