

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

FILED

Apr 25 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 # **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 33410-6553**



3. Date Incorporated or Qualified **02/16/1987** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2719229	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Not Required Pursuant to
Florida Statutes
Chapter 603.034(2)

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERLACH, CHARLES W	1.2 NAME	Williams, Andrew
STREET ADDRESS	120 ATLANTIC AVENUE	1.3 STREET ADDRESS	176 Ocean Way
CITY - ST - ZIP	PALM BEACH FL 33480	1.4 CITY - ST - ZIP	Vero Beach, FL 32963
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VicePresident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUFFY, KEITH F	2.2 NAME	Potts, John D.
STREET ADDRESS	21707 SAN SIMEON CIRCLE	2.3 STREET ADDRESS	201 Woodlake Drive
CITY - ST - ZIP	BOCA RATON FL 33433	2.4 CITY - ST - ZIP	Jupiter, FL 33458
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, EDWARD J	3.2 NAME	
STREET ADDRESS	3915 SOUTH FLAGLER DRIVE, #321	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33405	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICEWONGER, JOHN	4.2 NAME	
STREET ADDRESS	7808 SIERRA DRIVE W	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433-3320	4.4 CITY - ST - ZIP	
TITLE	ABD <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMRAD, JAMES A.	5.2 NAME	
STREET ADDRESS	122 NW 104TH TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOROSZ, JAMES M	6.2 NAME	
STREET ADDRESS	3000 NO. OCEAN DR. #37G	6.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL 33404	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)