

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83022 (0)  
1. Corporation Name  
INTERVEST BANK

Principal Place of Business  
1875 BELCHER ROAD NORTH  
CLEARWATER FL 34625

Mailing Address  
1875 BELCHER ROAD NORTH  
CLEARWATER FL 34625-1451



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1987	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-2605212	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, KEITH A	1.2 NAME	
STREET ADDRESS	1875 BELCHER ROAD, NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANSKER, LOWELL S	2.2 NAME	
STREET ADDRESS	10 ROCKEFELLER PLAZA STE. #1015	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGIN, STEPHEN M	3.2 NAME	
STREET ADDRESS	13 BEL FOREST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34840	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, ROBERT J	4.2 NAME	
STREET ADDRESS	1875 BELCHER RD., N. STE. #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACONI, MARK W	5.2 NAME	
STREET ADDRESS	31111 U.S. 19 NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34686	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, LAWRENCE G	6.2 NAME	
STREET ADDRESS	10 ROCKFELLER PLAZA, SUITE 1015	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4-2-97 (813) 791-4415

CR2E034 (9/96)