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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 FEB -4 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83022 (0)

1. Corporation Name
INTERVEST BANK

Principal Place of Business	Mailing Address
1875 BELCHER ROAD NORTH CLEARWATER FL 34625	1875 BELCHER ROAD NORTH CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1987

2. Principal Place of Business
21 625 Court Street
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL
24 Zip: 33756 25 Country

2a. Mailing Address
26 625 Court Street
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL
29 Zip: 33756 30 Country

4. FEI Number: 59-2605212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ 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
Signature, typed or printed name of Registered Agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	OLSEN, KEITH A		1.2 NAME	OLSEN, KEITH A	
STREET ADDRESS	1875 BELCHER ROAD, NORTH		1.3 STREET ADDRESS	625 COURT STREET	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANSKER, LOWELL S		2.2 NAME	200002425802--U	
STREET ADDRESS	10 ROCKEFELLER PLAZA STE. #1015		2.3 STREET ADDRESS	-02/09/98--01007--003	
CITY-ST-ZIP	NEW YORK NY 10020		2.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAGIN, STEPHEN M		3.2 NAME		
STREET ADDRESS	13 BEL FOREST DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E034 (10/97)

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.

SIGNATURE _____ Marti J. Warren 1-6-98 (813) 442-2551