


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

FILED

Mar 10 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83022

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



03/10/99 90056 041 150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 625 Court Street Suite, Apt. #, etc.		2a. Mailing Address 26 625 Court Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/16/1987	
22 City & State 23 Clearwater, Florida		27 City & State 28 Clearwater, Florida		4. FEI Number 59-2605212	
24 33756 25 USA		29 33756 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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	825 COURT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	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 34640	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 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, with all other like empowered.

SIGNATURE: Charlotte H. Grant REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charlotte H. Grant, Vice President & Cashier

3/5/99 (727) 442-2551 ext. 302  
Date Daytime Phone

CR2E034 (1/1/98)

4/1