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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J83030 (3)  
1. Corporation Name  
POINTE BANK



Principal Place of Business: ONE WEST FLAMINGO DRIVE, PEMBROKE PINES FL 33027  
Mailing Address: 21845 POWERLINE ROAD, BOCA RATON FL 33433-7852, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/15/1988	07/24/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0031869	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				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			
GRAY, RICHARD J. PRESIDENT 1 WEST FLAMINGO DRIVE PEMBROKE PINES FL 33027				81 Name	PALMER, R.C. JR.		
				82 Street Address (P.O. Box Number is Not Acceptable)	21845 POWERLINE ROAD		
				83			
				84 City	FL	85 Zip Code	33433
				BOCA RATON			

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]* DATE: 4/30/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTLIEB, BRUCE			1.2 NAME			
STREET ADDRESS	5410 N 35 ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSRY, MORRIS			2.2 NAME			
STREET ADDRESS	EXEC PARK N, STUYVESANT			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALBANY NY			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, RICHARD			3.2 NAME			
STREET ADDRESS	77 SOUTH BIRCH ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, STEPHEN H			4.2 NAME			
STREET ADDRESS	21845 POWERLINE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33027			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASSIN, ROBERTO			5.2 NAME			
STREET ADDRESS	21845 POWERLINE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33027			5.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMER, R. C. JR.			6.2 NAME			
STREET ADDRESS	21845 POWERLINE ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33027			6.4 CITY-ST-ZIP	BOCA RATON FL 33433		

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]* DATE: 4/30/97 (561) 368-6300

CR2E034 (9/96)

**Additional Officers and Directors**

Title	D
Name	MCGINN, TIMOTHY
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433

Title	D
Name	MONTELEONE, RAYMOND
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433

Title	D
Name	REICH, STUART
Street Address	21845 POWERLINE ROAD
City - St - Zip	BOCA RATON, FL 33433