

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

FILED

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
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DOCUMENT # **K39957** (1)
1. Corporation Name
UNITED AMERICAN BANK OF CENTRAL FLORIDA

Principal Place of Business 105 WEST COLONIAL DRIVE ORLANDO FL 32801	Mailing Address 105 WEST COLONIAL DRIVE ORLANDO FL 32801-1328
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1988	3a. Date of Last Report 04/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2930304		Applied For <input type="checkbox"/> 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	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.001, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NOT REQUIRED PURSUANT TO CHAPTER 607.034 2 FLORIDA STATUTES		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	CD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWITT, JAMES L.	1.2 NAME	John T Cash Jr.
STREET ADDRESS	1130 BELLE AIRE CIRCLE	1.3 STREET ADDRESS	1621 Laurel Rd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, MELQUIADES R	2.2 NAME	David G. Powers
STREET ADDRESS	1105 SHOREWOOD DR	2.3 STREET ADDRESS	280 W. Spring Lake Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ROWE, MORRIS A	3.2 NAME	
STREET ADDRESS	4387 BENEDICTINE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HUGHES, VINCENT S	4.2 NAME	
STREET ADDRESS	560 IVANHOE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T.	5.2 NAME	Richard T. McCree
STREET ADDRESS	9010 AMBLESIDE DR	5.3 STREET ADDRESS	945 Lake Adair Blvd
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CARUSO, JAMES P.	6.2 NAME	
STREET ADDRESS	738 HARDMAN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 REQUIRED

4-21-97

(407) 648-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)