

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DEPARTMENT OF CORPORATIONS

1996 3.6.96

B-19417

C

DOCUMENT # **K76704**

(1)

1. Corporation Name

**1ST UNITED BANCORP**



Principal Place of Business

Mailing Address

**980 N. FEDERAL HWY  
BOCA RATON FL 33432**

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BOCA RATON FL 33432**

3. Date Incorporated or Qualified <b>03/30/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0178023</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAMRADT, RUSSELL T., ESQ.  
777 S. FLAGLER DR #809  
EAST TOWER  
W. PAL BEACH FL 33401**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 officer 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 **RUSSELL T. KAMRADT**

*Russell T. Kamradt*

**2/28/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>ORLANDO, WARREN S.</b>	TITLE <b>D/P</b>	NAME <b>ORLANDO, WARREN S.</b>
STREET ADDRESS <b>7489 CAMPO FLORIDO</b>	CITY-STATE-ZIP <b>BOCA RATON FL</b>	STREET ADDRESS <b>7489 CAMPO FLORIDO</b>	CITY-STATE-ZIP <b>BOCA RATON, FL</b>
TITLE <b>T</b>	NAME <b>MARINO, JOHN</b>	TITLE <b>D</b>	NAME <b>HERMAN M. JEFFER</b>
STREET ADDRESS <b>12188 BROADLEAF COURT</b>	CITY-STATE-ZIP <b>WEST PALM BEACH FL</b>	STREET ADDRESS <b>19950 BEACH ROAD, APT 8 NORTH</b>	CITY-STATE-ZIP <b>JUPITER ISLAND, FL. 33469</b>
TITLE <b>D</b>	NAME <b>ORLANDO, WARREN S.</b>	TITLE <b>D</b>	NAME <b>MARIO A. DIFEDERICO</b>
STREET ADDRESS <b>7489 CAMPO FLORIDO</b>	CITY-STATE-ZIP <b>BOCA RATON FL</b>	STREET ADDRESS <b>8199 GOLFHOUSE DRIVE</b>	CITY-STATE-ZIP <b>HOBE SOUND, FL 33455</b>
TITLE <b>D</b>	NAME <b>COMPARATO, ANTHONY</b>	TITLE <b>D</b>	NAME <b>MARIO A. DIFEDERICO</b>
STREET ADDRESS <b>324 COCONUT PALM</b>	CITY-STATE-ZIP <b>BOCA RATON FL</b>	STREET ADDRESS <b>8199 GOLFHOUSE DRIVE</b>	CITY-STATE-ZIP <b>HOBE SOUND, FL 33455</b>
TITLE <b>D</b>	NAME <b>COMPARATO, ROBERT N.</b>	TITLE <b>D</b>	NAME <b>MARIO A. DIFEDERICO</b>
STREET ADDRESS <b>7499 ESTRELLA CIR</b>	CITY-STATE-ZIP <b>BOCA RATON FL</b>	STREET ADDRESS <b>8199 GOLFHOUSE DRIVE</b>	CITY-STATE-ZIP <b>HOBE SOUND, FL 33455</b>
TITLE <b>VP</b>	NAME <b>MARINO, JOHN</b>	TITLE <b>T</b>	NAME <b>MARINO, JOHN</b>
STREET ADDRESS <b>12188 BROADLEAF COURT</b>	CITY-STATE-ZIP <b>WEST PALM BEACH FL</b>	STREET ADDRESS <b>14662 ROLLING ROCK PLACE</b>	CITY-STATE-ZIP <b>WELLINGTON, FL 33414</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Marino*

**2/29/96**

**407-392-400**

DATE AND PHONE #

CR2E034 (12/95)