

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K76704**  
 1. Corporation Name  
**1st UNITED BANCORP**

Principal Place of Business <b>980 N. FEDERAL HIGHWAY BOCA RATON, FL. 33432</b>	Mailing Address <b>980 N. FEDERAL HIGHWAY BOCA RATON, FL. 33432</b>
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3. Date Incorporated or Qualified <b>3/30/89</b>	3a. Date of Last Report <b>02/22/96</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 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
**Kamradt, Russell. T., Esq.**  
**777 S. Flagler Dr. #900**  
**East Tower**  
**West Palm Beach, Fl 33401**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of registered agent or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Orlando, Warren S.	
STREET ADDRESS	7489 Campo Florida	
CITY-ST-ZIP	Boca Raton, Fl. 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Comparato, Anthony	
STREET ADDRESS	324 Coconut Palm	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Comparato, Robert	
STREET ADDRESS	7499 Estrella Circle	
CITY-ST-ZIP	Boca Raton, Fl 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jeffer, Herman M.	
STREET ADDRESS	19950 Beach Road, Apt B North	
CITY-ST-ZIP	Jupiter Island, Fl 33469	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Di Federico, Mario A.	
STREET ADDRESS	8199 Golfhouse Drive	
CITY-ST-ZIP	Hobe Sound, Fl 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Marino, John	
STREET ADDRESS	14662 Rolling Rock Place	
CITY-ST-ZIP	Wellington, Fl 33414	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

5/1/97

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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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/23/97** **(561) 392-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/into Phone #

CR2E034 (9/96)