

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

FILED
May 27 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 # L62248
 1. Corporation Name
FIRST UNITED CORPORATION

Principal Place of Business	Mailing Address
9857 OLD ST. AUGUSTINE RD STE. 5	JACKSONVILLE FL 32257

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		1990		1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59 - 3029303		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution			
24	25	29	30	<input type="checkbox"/>			
				6. This corporation has liability for intangible tax under s. 199.032, 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			
SIDNEY L. PORTE 9857 OLD ST. AUGUSTINE RD #5 JACKSONVILLE FL 32257				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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]* **PRESIDENT** DATE: **5/20/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PRESIDENT	1.2 NAME					
STREET ADDRESS	SIDNEY L. PORTE	1.3 STREET ADDRESS					
CITY-ST-ZIP	9857 OLD ST. AUGUSTINE RD #5	1.4 CITY-ST-ZIP					
	JACKSONVILLE, FL 32257	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	2.2 NAME					
NAME		2.3 STREET ADDRESS					
STREET ADDRESS		2.4 CITY-ST-ZIP					
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	3.2 NAME					
NAME		3.3 STREET ADDRESS					
STREET ADDRESS		3.4 CITY-ST-ZIP					
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	4.2 NAME					
NAME		4.3 STREET ADDRESS					
STREET ADDRESS		4.4 CITY-ST-ZIP					
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	5.2 NAME					
NAME		5.3 STREET ADDRESS					
STREET ADDRESS		5.4 CITY-ST-ZIP					
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	6.2 NAME					
NAME		6.3 STREET ADDRESS					
STREET ADDRESS		6.4 CITY-ST-ZIP					
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]* **SIDNEY L. PORTE** DATE: **5/20/97** (904) 880-2900

CR2E034 (9/96)