

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070976 (4)

1. Corporation Name

POINTE FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

21845 POWERLINE ROAD  
BOCA RATON FL 33433

21845 POWERLINE ROAD  
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0451402	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PALMER, R.C. JR 21845 POWERLINE ROAD BOCA RATON FL 33433				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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSIN, ROBERTO	1.2 NAME	R. CARL PALMER, JR.
STREET ADDRESS	21845 POWERLINE ROAD	1.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTELEONE, RAYMOND	2.2 NAME	MORRIS MASSKY
STREET ADDRESS	21845 POWERLINE ROAD	2.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REICH, STUART	3.2 NAME	STEVEN ELIAS
STREET ADDRESS	21845 POWERLINE ROAD	3.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINN, TIMOTHY	4.2 NAME	D. RICHARD MEAD, JR.
STREET ADDRESS	21845 POWERLINE ROAD	4.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PARKER D. THOMSON
STREET ADDRESS		5.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BEVERLY CHAMBERS
STREET ADDRESS		6.3 STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL. 33433

14. I 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]*

4-2-98

171 36-1123

CR2E034 (10/97)

**ADDITIONAL DIRECTOR/OFFICER INFORMATION:**

TITLE	V	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	DENNIS REED		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	VT	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	BRADLEY R. MEREDITH		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		