

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90132 028 \*\*\*150.00

DOCUMENT # P93000070976

1. Corporation Name

POINTE FINANCIAL CORPORATION

Principal Place of Business

21845 POWERLINE ROAD  
BOCA RATON FL 33433

Mailing Address

21845 POWERLINE ROAD  
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

4. FEI Number

65-0451402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

23  
Zip

Country

2a. Mailing Address

26  
Suite, Apt. #, etc.

27  
City & State

28  
Zip

Country

9. Name and Address of Current Registered Agent

PALMER, R.C. JR  
21845 POWERLINE ROAD  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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

*R. C. Palmer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	KASSIN, ROBERTO	
STREET ADDRESS	21845 POWRLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PALMER, R. CARL J	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSRY, MORRIS	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGINN, TIMOTHY	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIAS, STEVEN	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEAD, D. RICHARD J	
STREET ADDRESS	21845 POWERLINE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	

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	

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, with all other like empowered.

SIGNATURE:

*Robert Kassin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 (561) 368 6300

Date

Daytime Phone #

CR2E034 (11/98)

P03000070976  
532 4109013228

**BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:**

TITLE	D	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	PARKER D. THOMSON		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	SV	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	BEVERLY CHAMBERS		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	V	<input type="checkbox"/> CHANGE	<input 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 type="checkbox"/> ADDITION
NAME	BRADLEY R MEREDITH		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		