


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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90233 021 \*\*\*150.00

0480249

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000075183**

1. Corporation Name  
**NBD BANK**



Principal Place of Business <b>1320 VENICE AVE. E. VENICE FL 34292 US</b>	Mailing Address <b>1320 VENICE AVE. E. VENICE FL 34292 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1995</b>	
21		26		4. FEI Number <b>38-2935658</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ROBINSON, ALEXANDER C JR</b> <b>1320 VENICE AVE. E.</b> <b>VENICE FL 34292</b>				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLEN, RICHARD J			1.2 NAME			
STREET ADDRESS	611 WOODWARD AVENUE			1.3 STREET ADDRESS	100 E BROAD STREET		
CITY-ST-ZIP	DETROIT MI 48226			1.4 CITY-ST-ZIP	COLUMBUS OH 43215		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAINE, ANDREW J. JR.			2.2 NAME			
STREET ADDRESS	ONE INDIANA SQUARE			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46266			2.4 CITY-ST-ZIP			
TITLE	PDC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, ALEXANDER C JR			3.2 NAME			
STREET ADDRESS	1320 VENICE AVE. E.			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAISER, JERRY L			4.2 NAME			
STREET ADDRESS	1320 VENICE AVE. E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVELLE, FREDERICK H.			5.2 NAME			
STREET ADDRESS	11300 US HIGHWAY ONE SUITE 101			5.3 STREET ADDRESS	3399 PGA BOULEVARD SUITE 100		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			5.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:** *Sandra K. Walker* **Jerry L. Kaiser, First Vice President 941/486-3401**  
**Sandra K. Walker, VP/Secretary 941/486-3402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)