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

DOCUMENT # **P96000083343**

1. Corporation Name

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METRO BANK FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address	
390 S. DIXIE HIGHWAY CORAL GABLES FL 33146	1390 S. DIXIE HIGHWAY CORAL GABLES FL 33146	
Principal Place of Business	2a. Mailing Address	
¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	⊢ , •	

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Zip

EGGLAND, DANIEL C C/O METRO BANK OF DADE COUNTY 1390 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146

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Country

9. Name and Address of Current Registered Agent

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90109 018 ***150.00



DO NOT WOITE IN THIS COACE

DO NOT WRITE IN THIS SPACE							
3. Date Incorporated or Qualifer 10/09/1996	d						
4. FEI Number		Applied For					
65-0702608	:	Not Applicable					
5. Certificate of Status Desired		\$8.75 Additional Fee Required					
Election Campaign Financing Trust Fund Contribution	, 🗅	\$5.00 May Be Added to Fees					
 This corporation owes the cu Personal Property Tax.	πent year	Intangible □ Yes □ No					
10. Name and Address of New	Register	ed Agent					

Street Address (P.O. Box Number is Not Acceptable)

84 City 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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating)		DATE			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 TITLE			•	☐ Change	☐ Addition	
NAME	HAVENICK, FRED	l	1.2 NAME					ł	
STREET ADDRESS	1390 S DIXIE HIGHWAY		1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP				<u> </u>		
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	LEDER, NATHAN I	ı	2.2 NAME	•				1	
STREET ADDRESS	1390 S DIXIE HIGHWAY		2.3 STREET ADDRESS			•	,		
CITY-ST-ZIP	CORAL GABLES FL		2, 4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition]	
NAME	EGGLAND, DANIEL C		3.2 NAME				•	ì	
STREET ADDRESS	1390 S DIXIE HIGHWAY		3.3 STREET ADDRESS				· ·		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP				٠.		
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	MOSS, GARY		4.2 NAME				´:		
STREET ADDRESS	1390 S DIXIE HIGHWAY		4.3 STREET ADDRESS					-	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	<u> </u>					
TITLE	\$	☐ DELETE	5.1 TITLE		•		☐ Change	☐ Addition	
NAME	COVE, JOHN R		5.2 NAME	•			1	(
STREET ADDRESS	1390 S DIXIE HIGHWAY		5.3 STREET ADDRESS					ĺ	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP				•		

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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR