

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 # *PA7000052756*
 1. Corporation Name
Banking Corporation of Florida

Principal Place of Business
5811 Pelican Bay Blvd Suite 209 Naples, FL 34108 USA

Mailing Address
5811 Pelican Bay Blvd Suite 209 Naples, FL 34108 USA

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
*Judith E. McCaffrey
 5811 Pelican Bay Blvd, Suite 206-A
 Naples, FL 34108*

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 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 the applicant

DATE Registered Agent reports appointment to office

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE
 NAME *P D John W. Hoyt*
 STREET ADDRESS *5811 Pelican Bay Blvd, Suite 209*
 CITY-ST-ZIP *Naples, FL 34108*

TITLE [] DELETE
 NAME *SD Ralph Strangis*
 STREET ADDRESS *5500 Northwest Center*
 CITY-ST-ZIP *Minneapolis, MN 55402*

TITLE [] DELETE
 NAME *D Lowell C. Anderson*
 STREET ADDRESS *1750 Hennepin Avenue*
 CITY-ST-ZIP *Minneapolis, MN 55403*

TITLE [] DELETE
 NAME *D Craig W. Gagnon*
 STREET ADDRESS *45 South Seventh Street*
 CITY-ST-ZIP *Minneapolis, MN 55402*

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Add
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 21 TITLE [] Change [] Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 31 TITLE [] Change [] Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 41 TITLE [] Change [] Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 51 TITLE [] Change [] Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE [] Change [] Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my name and office have the same legal effect as if my name and office were printed on the 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *John W. Hoyt* President and Director 2/4/99 941-597-8989

CR2E034 (11/98)