


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90167 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000028661**

1. Corporation Name  
**BANKATLANTIC BANCORP PARTNERS, INC.**



Principal Place of Business 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304	Mailing Address 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/26/1998</b>	4. FEI Number <b>65-0830959</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>FURMAN, JACK A</b> <b>1750 E SUNRISE BLVD</b> <b>FORT LAUDERDALE FL 33304</b>	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
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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: \_\_\_\_\_ (NOT E: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>JOHN E. ABDO</b> <b>1750 E. SUNRISE BLVD.</b> <b>FT. LAUDERDALE, FLA. 33304</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D</b> <b>John E. Abdo</b> <b>1750 East Sunrise Boulevard</b> <b>Fort Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P/T</b> <b>GLEN R. GILBERT</b> <b>1750 E. SUNRISE BLVD.</b> <b>FT. LAUDERDALE, FLA. 33304</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V/T/D</b> <b>Glen R. Gilbert</b> <b>1750 East Sunrise Boulevard</b> <b>Fort Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JARETT S. LEVAN</b> <b>1750 E. SUNRISE BLVD.</b> <b>FT. LAUDERDALE, FLA. 33304</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S</b> <b>Jarett S. Levan</b> <b>1750 East Sunrise Boulevard</b> <b>Fort Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>C/D</b> <b>Alan B. Levan</b> <b>1750 East Sunrise Boulevard</b> <b>Fort Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D/V</b> <b>Frank J. Abdo</b> <b>1750 East Sunrise Boulevard</b> <b>Fort Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 a holder like empowered.

SIGNATURE: SIGNATURE **JARETT S. LEVAN** 2/05/99 954-760-5465  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)