

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000060216 ✓		
1. Corporation Name GRAND BANK OF FLORIDA		

Principal Place of Business 2065 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	Mailing Address 2065 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409
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07/20/99 90009 024 650.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1998	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0902670	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81. Name J RUSSELL GREENE	
				82. Street Address (P.O. Box Number is Not Acceptable) 2286 HOLLY LANE	
				83.	
				84. City PALM BEACH GARDENS FL 33410	

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE  DATE 7/8/99
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENault, GERARD A 800 N FLAGLER DR WEST PALM BEACH FL 33401 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR JAMES B MOORE 1547 NO FLORIDA MANGO ROAD WEST PALM BEACH FL 33409 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DAVID H 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR JAMES VANDERHOUE 6225 PINE DRIVE LANTANA, FL 33462 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, SANDY L 1280 LANTANA ROAD LANTANA FL 33462 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR LARRY E WRIGHT 11 DEWITT PLACE TEQUESTA FL 33469 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, DONALD H 229 ORANGE TREE DR ATLANTIS FL 33482 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT GERALD F MARTENS 2261 GABRIEL LANE WEST PALM BEACH FL 33406 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, J. RUSSELL 2286 HOLLY LANE PALM BEACH GARDENS FL 33410 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SENIOR VICE PRESIDENT DAWN CALDER 248 TEQUESTA CIRCLE TEQUESTA FL 33469 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHATA, ANDREW R 1400 WILLOWBROOK ST PALM BAY FL 32909 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 7/20

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.

SIGNATURE:  DATE 7/8/99 561-684-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #