

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90140 025 \*\*\*158.75

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1. Corporation Name

BANKERS MUTUAL CAPITAL CORPORATION

Principal Place of Business

11300 US HWY 1, STE 203  
NORTH PALM BEACH FL 33408

Mailing Address

11300 US HWY 1, STE 203  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

65-0867529

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 631 US HWY 1

Suite, Apt. #, etc.

22 Suite 308

City & State

23 North Palm Beach, FL

Zip

24 33408

Country

2a. Mailing Address

26 631 US HWY 1

Suite, Apt. #, etc.

27 Suite 308

City & State

28 North Palm Beach, FL

Zip

29 33408

Country

30

9. Name and Address of Current Registered Agent

GFESSER, MICHAEL M  
11300 US HWY 1, STE 203  
NORTH PALM BEACH FL 33408

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

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

President Michael M. Gfesser 1/10/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
GFESSER, MICHAEL M  
STREET ADDRESS 11300 US HWY 1, STE 203  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME SD  
CURTIN, CHRISTOPHER A  
STREET ADDRESS 11300 US HWY 1, STE 203  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME TD  
FRICKER, H. MAX  
STREET ADDRESS 11300 US HWY 1, STE 203  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 1/10/98 561 882 1331

CR2E034 (1/98)

325770