

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056167

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: TRANSCAPITAL BANK

**Current Principal Place of Business:**

2100 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2100 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 65-0928143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HIMES, WILLIAM E  
2402 NW 108TH TERRACE  
SUNRISE, FL 33322

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM E. HIMES

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZEDECK, LEONARD E  
Address: 13790 N.W. 4TH ST., STE. 113  
City-St-Zip: SUNRISE, FL 33325

Title: D ( ) Delete  
Name: ZEDECK, MURRAY  
Address: 2626 CASTILLA ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: ROTH, SEYMOUR  
Address: 10175 COLLINS AVE., APT 908  
City-St-Zip: BAL HARBOUR, FL 33154

Title: D ( ) Delete  
Name: SCHWARTZ, GERALD  
Address: 11900 S. AVIARY DR  
City-St-Zip: COOPER CITY, FL 33026

Title: PD ( ) Delete  
Name: HARPER, FLOYD D  
Address: 6980 S.W. 1ST STREET  
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete  
Name: SCHULMAN, DAVID B  
Address: 9513 SEA TURTLE DRIVE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD D. HARPER

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date

WILLIAM E. HIMES  
2402 NW 108TH TERRACE  
SUNRISE, FL 33322