

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068085

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: BRISTOL BANK

## Current Principal Place of Business:

1493 SUNSET DR  
CORAL GABLES, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

1493 SUNSET DR  
CORAL GABLES, FL 33143

## New Mailing Address:

FEI Number: 65-0914833

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:

MILLER, ALISON W MS  
150 WEST FLAGLER ST  
MIAMI, FL 33130

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: ALISON W. MILLER

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: EANES, JASPER  
Address: 1493 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: MILLER, ALISON  
Address: 150 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: BROOKS, CAROL  
Address: 2665 SOUTH BAYSHORE DR, SUITE 1C  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: WELBOURNE, HADDAD  
Address: 38 SOUTH BOUNTY LANE  
City-St-Zip: KEY LARGO, FL 330373235

Title: D ( ) Delete  
Name: HADDAD, GIL  
Address: 1493 SUNSET DR.  
City-St-Zip: CORAL GABLES, FL 33143

Title: CEOD ( ) Delete  
Name: DUNBAR, D PETER  
Address: 1493 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

## 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: JASPER R. EANES

EVP

01/28/2004

Electronic Signature of Signing Officer or Director

Date