

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S56524** (9)

1. Corporation Name
PRIME BANK OF CENTRAL FLORIDA



Principal Place of Business 680 COUNTRY CLUB DRIVE TITUSVILLE FL 32780-4977	Mailing Address 680 COUNTRY CLUB DRIVE TITUSVILLE FL 32780-4977
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/31/1991	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2720590	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent NOT REQUIRED PURSUANT TO CHAPTER 607.0501(2) OF THE FLORIDA STATUTES . FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	D
NAME	MARTO JR., JOSEPH V.	1.2 NAME	Williams, John D.
STREET ADDRESS	460 ORIOLE LANE	1.3 STREET ADDRESS	3948 Rambling Acres Drive
CITY-ST-ZIP	INDIANLANTIC FL	1.4 CITY-ST-ZIP	Titusville, FL 32796
TITLE	D	2.1 TITLE	D
NAME	SWANN, JIM	2.2 NAME	Nohrr, Donald A.
STREET ADDRESS	402 HIGH POINT DRIVE	2.3 STREET ADDRESS	1204 S. Riverside Drive
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Indianlantic, FL 32903
TITLE	D	3.1 TITLE	D
NAME	WHITE, BILLY H.	3.2 NAME	Evans, Arthur F., III
STREET ADDRESS	3950 DAIRY ROAD	3.3 STREET ADDRESS	1688 W. Hibiscus Blvd.
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D	4.1 TITLE	
NAME	HERMANSEN, BJORNAR	4.2 NAME	
STREET ADDRESS	205 HACIENDA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BAUGHER, ROBERT A.	5.2 NAME	
STREET ADDRESS	118 SUNSET LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	Lemmon, Floyd C.	6.2 NAME	
STREET ADDRESS	535 Delannoy Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa, FL 32922	6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **P. B. FULMER, JR.** 11/16/97 (407) 268-3801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)