

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V72516 (0)**

1. Corporation Name

**MVB FINANCIAL CORPORATION**



Principal Place of Business

Mailing Address

P. O. BOX 720857  
ORLANDO FL 32872-0857  
US

P. O. BOX 720857  
ORLANDO FL 32872-0857  
US

3. Date Incorporated or Qualified **10/16/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **115 B Coral Way East**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **115 B Coral Way East**  
Suite, Apt. #, etc.

4. FEI Number **59-3147491**  
Applied For Not Applicable

22 City & State  
23 **Melbourne, FL**

27 City & State  
28 **Melbourne, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32935** 25 Country **Brevard**  
30 Zip **32935** 30 Country **Brevard**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, VERONIQUE  
2732 RIO PINAS LAKES BLVD  
ORLANDO FL 32822**

81 Name **Michael S. Becker**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**115 B Coral Way East**  
83  
84 City **Melbourne** FL 85 Zip Code **32935**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

**9-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BECKER, MICHAEL S.	
STREET ADDRESS	2732 RIO PINAS LAKES BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BECKER, VERONIQUE	
STREET ADDRESS	2732 RIO PINAS LAKES BLVD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael S. Becker	
1.3 STREET ADDRESS	115 B Coral Way East	
1.4 CITY - ST - ZIP	Melbourne, FL 32935	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Becker, Veronique	
2.3 STREET ADDRESS	115 B Coral Way East	
2.4 CITY - ST - ZIP	Melbourne, FL. 32935	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-29-96 407-728-7991**

CR2E034 (12/95)