

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

2. Principal Place of Business

2a. Mailing Address

21 115 B Coral Way East

26 115 B Coral Way East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Melbourne, FL

28 Melbourne, FL

24 32935

Country

25 Brevard

32935

Country

30 Brevard

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

SIGNATURE

Michael S. Becker

9-29-96

Signature typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BECKER, MICHAEL S.
2732 RIO PINES LAKES BLVD
ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D.P.
Michael S. Becker
115 B Coral Way East
Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BECKER, VERONIQUE
2732 RIO PINES LAKES BLVD.
ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
S
Becker, Veronique
115 B Coral Way East
Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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

Michael S. Becker DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-96 407-728-7991

(Date)

Outline Phone

CR2E034 (12/95)