

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

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H91853 (2)  
1. Corporation Name  
**MANUFACTURERS BANK OF FLORIDA**

Principal Place of Business Mailing Address  
**4144 N. ARMENIA AVENUE  
POST OFFICE BOX 4040  
TAMPA FL 33677-4040**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/20/1985 04/29/1994**

4. FEI Number Applied for  
**59-2603867** Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City

10. Name and Address of New Registered Agent  
B5 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 \_\_\_\_\_ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS	
TITLE	EVP
NAME	KATO, VELMA-JEAN
STREET ADDRESS	6317-112TH AVE.
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	DC
NAME	ALVAREZ, MANUEL G. JR.
STREET ADDRESS	4603 WISHART BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GONZALEZ, ANTHONY F
STREET ADDRESS	11104 WINTHROP WAY
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	GONZALEZ, CONSTANTINO
STREET ADDRESS	2702 AILEEN ST.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	LLANEZA, FRANK
STREET ADDRESS	5122 SAN JOSE ST.
CITY - ST - ZIP	TAMPA FL
TITLE	AVP
NAME	MAYORQUIN, OLGA
STREET ADDRESS	4701 JOSEPH CT. #241
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ADAMS, RICHARD E.
13 STREET ADDRESS	3615 LITTLE ROAD
14 CITY - ST - ZIP	LUTZ, FL
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	AGLIANO, FRANK
23 STREET ADDRESS	45 SPANISH MAIN
24 CITY - ST - ZIP	TAMPA, FL
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PRIDA, LUCIANO, JR.
33 STREET ADDRESS	5903 N. ROME AVE.
34 CITY - ST - ZIP	TAMPA, FL
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GONZALEZ, CONSTANTINO
43 STREET ADDRESS	2702 AILEEN ST.
44 CITY - ST - ZIP	TAMPA, FL
51 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LLANEZA, FRANK
53 STREET ADDRESS	5122 SAN JOSE ST.
54 CITY - ST - ZIP	TAMPA, FL
61 TITLE	SR. V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	RIVAS, CARLOS A.
63 STREET ADDRESS	4622 CLOVERLAWN DR.
64 CITY - ST - ZIP	TAMPA, FL

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(6)(b), 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: *Velma Jean Kato* Velma-Jean Kato 02/22/95 813/874 1323  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR