

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



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

3. Date Incorporated or Qualified: **12/20/1985**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2603867**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
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

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]* **Feb. 26, 1996**
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	C & CEO
NAME	ADAMS, RICHARD E.	1.2 NAME	M. G. Alvarez, Jr.
STREET ADDRESS	3615 LITTLE ROAD	1.3 STREET ADDRESS	4603 Wishart Blvd.
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Tampa, FL 33603
TITLE	D	2.1 TITLE	D
NAME	AGLIANO, FRANK	2.2 NAME	Anthony F. Gonzalez
STREET ADDRESS	45 SPANISH MAIN	2.3 STREET ADDRESS	11104 Winthrop Way
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33612
TITLE	D	3.1 TITLE	D
NAME	PRIDA, LUCIANO, JR.	3.2 NAME	Joseph A. Spicola
STREET ADDRESS	5903 N. ROME AVE.	3.3 STREET ADDRESS	11708 Casey Rd.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	D	4.1 TITLE	EVP
NAME	GONZALEZ, CONSTANTINO	4.2 NAME	Velma-Jean Kato
STREET ADDRESS	2702 AILEEN ST.	4.3 STREET ADDRESS	6317 - 112th Ave.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	SD	5.1 TITLE	
NAME	LLANEZA, FRANK	5.2 NAME	
STREET ADDRESS	5122 SAN JOSE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	SRVP	6.1 TITLE	
NAME	RIVAS, CARLOS A.	6.2 NAME	
STREET ADDRESS	4622 CLOVERLAWN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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]* **Feb. 26, 1996** 813/874 1323
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Velma-Jean Kato**

CR2E034 (12/95)