

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

FILED

**Mar 14 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 # 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**

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**

3. Date Incorporated or Qualified: **12/20/1985**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **59-2603867**
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

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 **FL** **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: _____ (NEED Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADAMS, RICHARD E.	
STREET ADDRESS	3615 LITTLE ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGLIANO, FRANK	
STREET ADDRESS	45 SPANISH MAIN	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIDA, LUCIANO, JR.	
STREET ADDRESS	5903 N. ROME AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, CONSTANTINO	
STREET ADDRESS	2702 AILEEN ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LLANEZA, FRANK	
STREET ADDRESS	5122 SAN JOSE ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	RIVAS, CARLOS A.	
STREET ADDRESS	4822 CLOVERLAWN DR.	
CITY-ST-ZIP	TAMPA FL 33624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true, accurate and complete 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.

CR2E034 (9/96)

Manufacturers
Bank OF FLORIDA

DCOB
ALVAREZ, M.G., JR.
4603 WISHART BLVD.
TAMPA, FL. 33603

D
GONZALEZ, ANTHONY F.
11104 WINTHROP WAY
TAMPA, FL. 33612

D
SPICOLA, JOSEPH A.
11708 CASEY RD.
TAMPA, FL. 33624

VP
BARRIONUEVO, DEBRA
1519 BARR DR.
TAMPA, FL. 33603

LAO
FLEISCHMAN, CHARMAINE
1702 W. ERNA DR.
TAMPA, FL. 33603

SVP
FLOWERS, DONNA
8703 RIVER FOREST CIR.
TAMPA, FL. 33604

CAO
FRIEDEL, JOANNE M.
4104 SPRING WAY CIRCLE
VALRICO, FL. 33594

VP
MARTINEZ, RENE
14167 FENNSBURY DR.
TAMPA, FL. 33624

V.P.
MAYES, BILL
515 COURTNEY DRIVE
TEMPLE TERRACE, FL. 33617

V.P.
SIMMONS, ASTON M.
1325 COOLRIDGE DR.
BRANDON, FL. 33511

VP
TRUJILLO, JOHN V.
4830 HERON PT. DR., #819
TAMPA, FL. 33616

AVP
VALENTI, OLGA P.
4701 JOSEPH CT. #241
TAMPA, FL. 33614