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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2603867	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RICHARD E.	1.2 NAME	
STREET ADDRESS	3815 LITTLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIANO, FRANK	2.2 NAME	
STREET ADDRESS	45 SPANISH MAIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDA, LUCIANO, JR.	3.2 NAME	
STREET ADDRESS	5903 N. ROME AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CONSTANTINO	4.2 NAME	
STREET ADDRESS	2702 AILEEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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; and that I 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:  **Carlos A. Rivas** 4/17/98 MS-874-1325

CR2E034 (10/97)

Manufacturers
Bank OF FLORIDA

DOOB

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

D

GONZALEZ, ANTHONY F.
11104 WINIHROP WAY
TAMPA, FL 33612

VP

BARRIONUEVO, DEBRA
1519 BARR DR.
TAMPA, FL 33603

SVP

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

VP

FRIEDLE, JOANNE M.
4104 SPRING WAY CIRCLE
VALRICO, FL 33594

VP

MARTINEZ, RENE
14167 FENNSBURY DR.
TAMPA, FL 33624

D

ROGERS, ALFRED T.
2924 TAMBRAY AVE.
TAMPA, FL 33611

SVP

CHILLURA, JOSEPH V
2904 VILLA ROSA
TAMPA, FL 33611

VP

WEISMAN, EMMA D
3508 W. PALMIRA AVE.
TAMPA, FL 33629

SVP

KATO, VELMA JEAN
6317 112th AVE
TEMPLE TERRACE, FL 33617

VP

ISHMAN, MICHELLE M
8309 BEASLEY RD.
TAMPA, FL 33615

VP

MAYES, BILL
515 COURINEY DR.
TEMPLE TERRACE, FL 33617

VP

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

VP

MORRISON, BLAINE J.
37750 W HART CIR
ZEPHYRHILLS, FL 33541

VP

JENNY MITCHELL L
4406 W. KNOLLWOOD
TAMPA, FL 33614