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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # P93000083135 (2)**  
1. Corporation Name  
**MANATEE MOTORS, INC.**

Principal Place of Business: 210 20TH ST. W. BRADENTON FL 34205  
Mailing Address: 210 20TH ST. W. BRADENTON FL 34205

3. Date Incorporated or Qualified: 12/06/1993  
3a. Date of Last Report: 04/01/1994  
4. FEI Number: 65-0457319  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: 314 8th AVE. W.  
22. Suite, Apt. #, etc.:  
23. City & State: PALMETTO, FL  
24. Zip: 34221  
25. County: MANATEE  
26. Mailing Address: 314 8th AVE. W.  
27. Suite, Apt. #, etc.:  
28. City & State: PALMETTO, FL  
29. Zip: 34221  
30. County: MANATEE

9. Name and Address of Current Registered Agent: KATSAMAKIS, TONY, 210 20TH ST. W., BRADENTON FL 34205  
10. Name and Address of Now Registered Agent: (Blank)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE: D	NAME: KATSAMAKIS, TONY STREET ADDRESS: 210 20TH ST. W. CITY ST ZIP: BRADENTON FL 34205	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: KATSAMAKIS, JULIE STREET ADDRESS: 210 20TH ST. W. CITY ST ZIP: BRADENTON FL 34205	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	7.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	8.1 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	10.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	11.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	12.1 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(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 of this report, or on an appointment with an address.

SIGNATURE: *Julie Katsamak* JULIE KATSAMAKIS 4-26-95 (813) 729-9306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)