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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 553184

1. Corporation Name
1028 MANATEE REALTY CORP.

Principal Place of Business

~~311 PARK PLACE BLVD.~~
~~SUITE 225~~
~~CLEARWATER FL 34619~~

Mailing Address

~~13160 110 AVE N~~
~~SUITE 225~~
~~LARGO FL 33774~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1977

4. FEI Number

59-1807206

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 430 Park Place Blvd.

2a. Mailing Address

26 430 Park Place Blvd.

Suite, Apt. #, etc.

27 Suite 600

City & State

28 Clearwater, FL

Zip

29 33759

Country

30

9. Name and Address of Current Registered Agent

LOMBARDI, RITA A
43642 SERENA DR
~~**SUITE 225**~~
~~**LARGO FL 33774**~~

10. Name and Address of New Registered Agent

81 Name

Rita A. Lombardi

82 Street Address (P.O. Box Number is Not Acceptable)

430 Park Place Blvd.

83

Suite 600

84

City

Clearwater

FL

85

Zip Code

33759

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

Rita A. Lombardi
Signature, typed or printed name of registered agent and title if applicable.

Rita A. Lombardi

2/8/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **80- LOMBARDI, RITA A.**

STREET ADDRESS **43642 SERENA DR**

CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ DELETE

NAME **PD PIAZZA, JOHN J. SR.**

STREET ADDRESS **13160 110TH AVE N**

CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ DELETE

NAME **PIAZZA, ROSEMARY E.**

STREET ADDRESS **13160 110TH AVE N**

CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ DELETE

NAME **VPD LENTINI, VINCENT J**

STREET ADDRESS **13160 110TH AVE N**

CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **S Rita A. Lombardi**

1.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**

1.4 CITY-ST-ZIP **Clearwater, FL 33759**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **PD John J. Piazza, Sr.**

2.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**

2.4 CITY-ST-ZIP **Clearwater, FL 33759**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **VPD Rosemary E. Piazza**

3.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**

3.4 CITY-ST-ZIP **Clearwater, FL 33759**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VPD Vincent J. Lentini**

4.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**

4.4 CITY-ST-ZIP **Clearwater, FL 33759**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: *Rita A. Lombardi* **Rita A. Lombardi 2/8/99 (727) 793-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)