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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
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) 2a. Mailing Address (26)  
Suite, Apt. #, etc (22) Suite, Apt. #, etc (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/20/1985  
3a. Date of Last Report: 04/29/1994  
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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City

10. Name and Address of New Registered Agent

B5 Zip Code: FL

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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS	
TITLE: EVP NAME: KATO, VELMA-JEAN STREET ADDRESS: 6317-112TH AVE. CITY- ST- ZIP: TEMPLE TERRACE FL	
TITLE: DC NAME: ALVAREZ, MANUEL G. JR. STREET ADDRESS: 4603 WISHART BLVD. CITY- ST- ZIP: TAMPA FL	
TITLE: D NAME: GONZALEZ, ANTHONY F STREET ADDRESS: 11104 WINTHROP WAY CITY- ST- ZIP: TAMPA FL	
TITLE: SD NAME: GONZALEZ, CONSTANTINO STREET ADDRESS: 2702 AILEEN ST. CITY- ST- ZIP: TAMPA FL	
TITLE: D NAME: LLANEZA, FRANK STREET ADDRESS: 5122 SAN JOSE ST. CITY- ST- ZIP: TAMPA FL	T15. 3/23/95
TITLE: AVP NAME: MAYORQUIN, OLGA STREET ADDRESS: 4701 JOSEPH CT. #241 CITY- ST- ZIP: TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: DP 12 NAME: ADAMS, RICHARD E. 13 STREET ADDRESS: 3615 LITTLE ROAD 14 CITY- ST- ZIP: LUTZ, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE: D 22 NAME: AGLIANO, FRANK 23 STREET ADDRESS: 45 SPANISH MAIN 24 CITY- ST- ZIP: TAMPA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE: D 32 NAME: PRIDA, LUCIANO, JR. 33 STREET ADDRESS: 5903 N. ROME AVE. 34 CITY- ST- ZIP: TAMPA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE: D 42 NAME: GONZALEZ, CONSTANTINO 43 STREET ADDRESS: 2702 AILEEN ST. 44 CITY- ST- ZIP: TAMPA, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: SD 52 NAME: LLANEZA, FRANK 53 STREET ADDRESS: 5122 SAN JOSE ST. 54 CITY- ST- ZIP: TAMPA, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: SR. V. P. 62 NAME: RIVAS, CARLOS A. 63 STREET ADDRESS: 4622 CLOVERLAWN DR. 64 CITY- ST- ZIP: TAMPA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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(6)(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 if changed, or on an attachment with an address.

SIGNATURE: *Velma Jean Kato* Velma-Jean Kato 02/22/95 813/874 1323  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR