

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90181 021 \*\*\*150.00

DOCUMENT # P93000041259

1. Corporation Name

MANATEE RESOURCE ADVISORS, INC.



Principal Place of Business

3601 SOUTH EAST OCEAN BLVD.  
SUITE 001  
STUART FL 34996

Mailing Address

3601 SOUTH EAST OCEAN BLVD.  
SUITE 001  
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

4. FEI Number

65-0420867

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FRANKLIN, R J  
1501 NE OCEAN BLVD  
STE 5  
STUART FL 34496

10. Name and Address of New Registered Agent

81 Name SANG

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

1208 NE 17th AV

83 FT LAUDERDALE

84 City

FL

85

Zip Code

33304

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]*  
Signature typed or printed name of registered agent and title if applicable.

RJ FRANKLIN, SECY

(NOT E: Registered Agent signature required when reinstating)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME FRANKLIN, DAVID M  
STREET ADDRESS 3747 SW BRAISSIE WAY  
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE S  
NAME FRANKLIN, ROCKWELL J  
STREET ADDRESS 1501 NE OCEAN BLVD  
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE T  
NAME FERRARO, FRANK A  
STREET ADDRESS 3601 SE OCEAN BLVD  
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCKWELL J. FRANKLIN

Date

4/21/99

Daytime Phone #

954) 761-1642

CR2E034 (1/98)