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**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 553184 (3)
1. Corporation Name
1028 MANATEE REALTY CORP.



Principal Place of Business: **311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619**
Mailing Address: **311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619-3923**

3. Date Incorporated or Qualified: **12/06/1977**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LOMBARDI, RITA A.
311 PARK PLACE BLVD
SUITE 225
CLEARWATER, 34619**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, RITA A.	1.2 NAME	
STREET ADDRESS	311 PARK PLACE BLVD #225	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, ROSEMARY E	2.2 NAME	Piazza, John J. Sr.
STREET ADDRESS	311 PARK PLACE BLVD #225	2.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Piazza, Steven A.
STREET ADDRESS		3.3 STREET ADDRESS	311 Park Place Blvd, Ste. 225
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Piazza, John J. Jr.
STREET ADDRESS		4.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Piazza, Rosemary E.
STREET ADDRESS		5.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Rita A Lombardi **2/3/97** **(813) 926-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)