

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90007 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 553184**

1. Corporation Name  
**1028 MANATEE REALTY CORP.**

Principal Place of Business <del>311 PARK PLACE BLVD.</del> <del>SUITE 225,</del> <del>CLEARWATER FL 34619</del>	Mailing Address <del>13160 110 AVE N</del> <del>SUITE 225</del> <del>LARGO FL 33774</del> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 430 Park Place Blvd.</b> Suite, Apt. #, etc. <b>22 Suite 600</b> City & State <b>23 Clearwater, FL</b> Zip Country <b>24 33759 25</b>	2a. Mailing Address <b>26 430 Park Place Blvd.</b> Suite, Apt. #, etc. <b>27 Suite 600</b> City & State <b>28 Clearwater, FL</b> Zip Country <b>29 33759 30</b>
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3. Date Incorporated or Qualified <b>12/06/1977</b>	4. FEI Number <b>59-1807206</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LOMBARDI, RITA A**  
~~10642 SERENA DR~~  
~~SUITE 225~~  
~~LARGO FL 33774~~

10. Name and Address of New Registered Agent

81 Name <b>Rita A. Lombardi</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>430 Park Place Blvd.</b>
83 <b>Suite 600</b>
84 City <b>Clearwater</b> <b>FL</b> 85 Zip Code <b>33759</b>

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* **Rita A. Lombardi** 2/8/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <del>80-</del>	<input type="checkbox"/> DELETE
NAME <b>LOMBARDI, RITA A.</b>	
STREET ADDRESS <del>10642 SERENA DR</del>	
CITY-ST-ZIP <del>LARGO FL 33774</del>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PIAZZA, JOHN J. SR.</b>	
STREET ADDRESS <del>13160 110TH AVE N</del>	
CITY-ST-ZIP <del>LARGO FL 33774</del>	
TITLE <del>V</del>	<input type="checkbox"/> DELETE
NAME <b>PIAZZA, ROSEMARY E.</b>	
STREET ADDRESS <del>13160 110TH AVE N</del>	
CITY-ST-ZIP <del>LARGO FL 33774</del>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>LENTINI, VINCENT J</b>	
STREET ADDRESS <del>13160 110TH AVE N</del>	
CITY-ST-ZIP <del>LARGO FL 33774</del>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Rita A. Lombardi</b>	
1.3 STREET ADDRESS <b>430 Park Place Blvd., Ste. 600</b>	
1.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>John J. Piazza, Sr.</b>	
2.3 STREET ADDRESS <b>430 Park Place Blvd., Ste. 600</b>	
2.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
3.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Rosemary E. Piazza</b>	
3.3 STREET ADDRESS <b>430 Park Place Blvd., Ste. 600</b>	
3.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
4.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Vincent J. Lentini</b>	
4.3 STREET ADDRESS <b>430 Park Place Blvd., Ste. 600</b>	
4.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (1/198)