

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002997 (5)**

1. Corporation Name

FIRST OF AMERICA BROKERAGE SERVICE, INC.



Principal Place of Business

157 S. KALAMAZOO MALL
KALAMAZOO MI 49007

Mailing Address

157 S. KALAMAZOO MALL
KALAMAZOO MI 49007

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip Country

3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
04/24/1995

4. FEI Number
38-2620096

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

**DALRYMPLE, ELLEN L
600 8TH AVENUE WEST
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name **Dalrymple, David**
82 Street Address (P.O. Box Number is Not Acceptable)
600 8th Avenue West
83
84 City **Palmetto** FL 85 Zip Code **34221**

11. Pursuant to the provisions of Sections 607.0512 and 607.1605 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

David Dalrymple

6/27/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZECHER, NOAH D	
STREET ADDRESS	SUITE 400	
CITY- ST- ZIP	KALAMAZOO MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINETTE, JANET L	
STREET ADDRESS	157 S KALAMAZOO MALL, SUITE 400	
CITY- ST- ZIP	KALAMAZOO MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUMMEL, DEREK M	
STREET ADDRESS	157 SOUTH KALAMAZOO MALL SUITE 400	
CITY- ST- ZIP	KALAMAZOO MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Mattson MATSON, MARY K	
STREET ADDRESS	157 SOUTH KALAMAZOO MALL, SUITE 400	
CITY- ST- ZIP	KALAMAZOO MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAUMAN, R. WILLIAM	
STREET ADDRESS	211 S. ROSE STREET	
CITY- ST- ZIP	KALAMAZOO MI 49007	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORCHAK, CARLENE	
STREET ADDRESS	157 SOUTH KALAMAZOO MALL, SUITE 400	
CITY- ST- ZIP	KALAMAZOO MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Morocco, Kathy	
13 STREET ADDRESS	157 S Kalamazoo Mall, Suite 400	
14 CITY- ST- ZIP	Kalamazoo, MI	
2. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Tecca, Lynn	
23 STREET ADDRESS	157 S Kalamazoo Mall, Suite 400	
24 CITY- ST- ZIP	Kalamazoo, MI	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	200001884582	
43 STREET ADDRESS	-07/05/96--01020--046	
44 CITY- ST- ZIP	***200.00 8-75	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001884582	
53 STREET ADDRESS	-07/05/96--01020--047	
54 CITY- ST- ZIP	***200.00	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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(3)(k), 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:

Mary K. Mattson MARY K. MATTSON 5/1/96

616-376-8261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)