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**Feb 14 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 # F93000002997 (5)

1. Corporation Name
FIRST OF AMERICA BROKERAGE SERVICE, INC.



Principal Place of Business Mailing Address
**157 S. KALAMAZOO MALL
KALAMAZOO MI 49007** **157 S. KALAMAZOO MALL
KALAMAZOO MI 49007-4823**

3. Date Incorporated or Qualified **06/29/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 38-2620096	Applied For Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
**DALRYMPLE, DAVID
600 8TH AVENUE WEST
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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	S	<input type="checkbox"/> DELETE
NAME	MOROCCO, KATHY	
STREET ADDRESS	157 S. KALAMAZOO MALL STE 400	
CITY-ST-ZIP	KALAMAZOO MI 49007	
TITLE	D	<input type="checkbox"/> DELETE
NAME	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

1.1 TITLE	P & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVE BROOKS	
1.3 STREET ADDRESS	211 S. ROSE STREET	
1.4 CITY-ST-ZIP	KALAMAZOO, MI 49007	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JULIE SORCI	
2.3 STREET ADDRESS	211 S. ROSE STREET	
2.4 CITY-ST-ZIP	KALAMAZOO, MI 49007	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUSAN CURRIER	
3.3 STREET ADDRESS	157 KALAMAZOO MALL, SUITE 300	
3.4 CITY-ST-ZIP	KALAMAZOO, MI 49007	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LYNN TECCA	
4.3 STREET ADDRESS	157 KALAMAZOO MALL, SUITE 250	
4.4 CITY-ST-ZIP	KALAMAZOO, MI 49007	
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 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: *[Signature]* **WILLIAM K. MATTON** 1/20/97 616-376-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)