

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 325512 (2)

1. Corporation Name
PLANNING CORPORATION OF AMERICA



Principal Place of Business: **880 CARILLON PKWY, PO BOX 12749, ST PETERSBURG FL 33733-2749**
Mailing Address: **880 CARILLON PKWY, PO BOX 12749, ST PETERSBURG FL 33733-2749**

3. Date Incorporated or Qualified: **01/23/1968** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1199408** 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 **FILED BY PARENT CO.**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

g. Name and Address of Current Registered Agent
**SHUCK, ROBERT
880 CARILLON PKWY
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 type="checkbox"/> DELETE
NAME	SIPE, JAMES H.	
STREET ADDRESS	6301 6TH AVE, N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JULIEN, JEFFREY P.	
STREET ADDRESS	12200 2ND STREET E	
CITY - ST - ZIP	TREASURE ISLAND FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	DREMANN, MARIE	
STREET ADDRESS	1425 54TH AVENUE S	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZANK, DENNIS W.	
STREET ADDRESS	2833 CHELSEA PLACE, S	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	TREMAINE, THOMAS R	
STREET ADDRESS	305 16TH AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	880 CARILLON PKWY.	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33716	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	880 CARILLON PKWY.	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33716	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	880 CARILLON PKWY.	
3.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33716	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	880 CARILLON PKWY.	
4.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33716	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	880 CARILLON PKWY.	
5.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33716	
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 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: X D W. Zank TREASURER 4/25/96 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)