

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

FILED
Apr 21 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 # 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: **05/01/1996**

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: **FILED BY PARENT No COMPANY**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. 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 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 _____
5. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIPE, JAMES H.	
STREET ADDRESS	880 CARILLON PKWY	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JULIEN, JEFFREY P.	
STREET ADDRESS	880 CARILLON PKWY	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	DREMANN, MARIE	
STREET ADDRESS	880 CARILLON PKWY	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZANK, DENNIS W.	
STREET ADDRESS	880 CARILLON PKWY	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	TREMAINE, THOMAS R	
STREET ADDRESS	880 CARILLON PKWY	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Maziad, Elizabeth
6.3 STREET ADDRESS	980 Carillon Parkway
6.4 CITY - ST - ZIP	St. Petersburg, FL 33716

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: *Dennis W. Zank* **Dennis W. Zank** 4/9/97 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)