

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 # 507463 (8)

1. Corporation Name

PLAN COORDINATORS AND ADMINISTRATORS, INC.



Principal Place of Business

5420 BAY CENTER DR #100  
TAMPA FL 33609

Mailing Address

5420 BAY CENTER DR #100  
TAMPA FL 33609

3. Date Incorporated or Qualified  
07/20/1976

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

21 1304 W. Busch Blvd

2a. Mailing Address

26 1304 W. Busch Blvd.

4. FEI Number  
59-1680365

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

City & State

23 Tampa FL

City & State

28 Tampa, FL

Zip

24 33612

Country

25 Hillsborough

Zip

29 33612

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIES, MAX A  
5420 BAY CENTER DR #100  
TAMPA, FL  
33609

81 Name

MAX A Fries

82 Street Address (P.O. Box Number is Not Acceptable)

1304 W. Busch Blvd.

83

84 City

Tampa

FL

85 Zip Code

33612

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

*Max A. Fries*  
Signature, typed or printed name of registered agent and title if applicable.

MAX A. Fries

3/13/96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME FRIES, MAX A.  
STREET ADDRESS 5420 BAY CENTER DR  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE  
NAME FRIES, LINDA A.  
STREET ADDRESS 5420 BAY CENTER DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MAX A. Fries, PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1304 W. Busch Blvd.  
1.4 CITY-ST-ZIP Tampa, FL 33612

2.1 TITLE Linda A. Fries VD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1304 W Busch Blvd  
2.4 CITY-ST-ZIP Tampa, FL 33612

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Max A. Fries*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX A. Fries 3/13/96 (813) 945-5432

CR2E034 (12/95)