

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

FILED

May 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 507463 (8)  
1. Corporation Name  
PLAN COORDINATORS AND ADMINISTRATORS, INC.

Principal Place of Business

1304 W BUSCH BLVD  
TAMPA FL 33612  
US

Mailing Address

1304 W BUSCH BLVD  
TAMPA FL 33612-7710  
US

3. Date Incorporated or Qualified

07/20/1976

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21 4830 W. Kennedy Blvd  
Suite, Apt. #, etc. Suite 800

22 Tampa, FL

23 33609 USA

24 33609 25 USA

2a. Mailing Address

28 4830 W. Kennedy Blvd  
Suite, Apt. #, etc. Suite 800

27 Tampa, FL

28 33609 USA

29 33609 30 USA

4. FEI Number

59-1680365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FRIES, MAX A  
1304 W BUSCH BLVD  
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name MAX A Fries  
82 Street Address (P.O. Box Number is Not Acceptable)  
Suite 800, 4830 W. Kennedy Blvd  
83  
84 City Tampa FL 85 Zip Code 33609

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

Signature typed or printed name of registered agent and title if applicable

MAX A Fries

5/1/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRIES, MAX A.  
STREET ADDRESS 1304 W BUSCH BLVD  
CITY - ST - ZIP TAMPA FLTITLE VD  
NAME FRIES, LINDA A.  
STREET ADDRESS 1304 W BUSCH BLVD  
CITY - ST - ZIP TAMPA FLTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS 4830 W. Kennedy Blvd, Suite 800  
1.4 CITY - ST - ZIP Tampa, FL 336092.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS 4830 W. Kennedy Blvd, Suite 800  
2.4 CITY - ST - ZIP Tampa, FL 336093.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX A Fries

5/1/97

(813)287-2280

Date

Daytime Phone #

CR2E034 (9/96)