


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752151** (1)

1. Corporation Name

**PANAMA CITY MALL PROMOTIONAL FUND, INC.**



Principal Place of Business <b>2150 NORTH COVE BLVD. PANAMA CITY FL 32405-5319</b>		Mailing Address <b>G/O ALBRITTON, RICHARD JR ESO- P O BOX 1238 PANAMA CITY FL 32402-1238 US</b>		3. Date Incorporated or Qualified <b>04/23/1980</b>	3a. Date of Last Report <b>04/22/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2071593</b>	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBRITTON, RICHARD JR ESO  
1042 JENKS AVE  
PANAMA CITY FL 32401**

81 Name <b>Mark Dycus</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2150 N. COVE BLVD</b>
83
84 City <b>Panama City</b>
85 FL
86 Zip Code <b>32405</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Mark Dycus (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINERTY, PATRICK J</b>	1.2 NAME	
STREET ADDRESS	<b>2690 CROOKS RD SUITE 400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY, MI 00000</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AIKENS, ROBERT B</b>	2.2 NAME	
STREET ADDRESS	<b>2690 CROOKS RD SUITE 400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY, MI 00000</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDER, JAMES L</b>	3.2 NAME	
STREET ADDRESS	<b>2690 CROOKS RD SUITE 400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>2150 COVE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Susan E. Martin **4/10/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000499

CR2E037 (9/96)