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**May 09 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 # F94000002744 (0)

1. Corporation Name
FIRST OF AMERICA BANK CORPORATION



Principal Place of Business Mailing Address
211 S. ROSE ST. KALAMAZOO MI 49007 **211 S. ROSE ST. KALAMAZOO MI 49007-4708**

3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 38-1971791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CIESLAK, LEE J
FIRST OF AMERICA BANK-FLORIDA, F.S.B.
2100 66TH ST. N.
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	201 EAST KENNEDY BOULEVARD
83	
84 City	TAMPA
85 Zip Code	FL 33620

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: *Lee J. Cieslak* **LEE J. CIESLAK**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARFIELD, JON ERIC	
STREET ADDRESS	17199 N. LAUREL PARK DR., STE. 224	
CITY - ST - ZIP	LIVONIA MI 48142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHORMANN, RICHARD F	
STREET ADDRESS	211 S. ROSE ST.	
CITY - ST - ZIP	KALAMAZOO MI 49007	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, JOSEPH J	
STREET ADDRESS	300 N. ZEEB ROAD	
CITY - ST - ZIP	ANN ARBOR MI 48106	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, JOEL N	
STREET ADDRESS	28 N. SAGINAW ST. #701	
CITY - ST - ZIP	PONTIAC MI 48342	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENWALT, CLIFFORD L	
STREET ADDRESS	607 E. ADAMS ST.	
CITY - ST - ZIP	SPRINGFIELD IL 62701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HETZLER, ROBERT L	
STREET ADDRESS	2600 S. EUCLID AVE.	
CITY - ST - ZIP	BAY CITY MI 48708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		48152
2.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	101 N. MAIN # 1005	
3.4 CITY - ST - ZIP		48104
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3775 ORCHARD LAKE ROAD	
4.4 CITY - ST - ZIP	WEST BLOOMFIELD MI 48324	
5.1 TITLE	D	<input checked="" 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 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 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: *Richard F. Chormann* **RICHARD F. CHORMANN** 4/24/97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **616 376-7797**

CR2E034 (9/96)