

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11402** (9)

1. Corporation Name

P.I.A. PANAMA CITY, INC.



Principal Place of Business

3060 WILLIAMS DR.
FAIRFAX VA 22031

Mailing Address

3060 WILLIAMS DR.
FAIRFAX VA 22031

2. Principal Place of Business

21 Sub- Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 2700 Colorado Avenue

27 Sub- Apt. #, etc.

28 City & State

Santa Monica, CA

29 Zip

90404

30 Country

U.S.A.

3. Date Incorporated or Qualified

08/25/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

58-1857939

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. 193.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box)

200004210497

02/20/96-01011--008

83

***200.00

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0400 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0400, Florida Statutes.

SIGNATURE

(Signature of the person who is responsible for the accuracy of the information provided)

(NOTE: Registered Agent signature is required when filing)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME	PCOO BERNSTEIN, RONALD	<input checked="" type="checkbox"/> DELETE
12.2 STREET ADDRESS	2700 COLORADO AVE.	
12.3 CITY, ST., ZIP	SANTA MONICA CA 90404	
12.4 TITLE	EVP	<input checked="" type="checkbox"/> DELETE
12.5 NAME	ANDERSONS, MARIS	
12.6 STREET ADDRESS	2700 COLORADO AVE	
12.7 CITY, ST., ZIP	SANTA MONICA CA 90404	
12.8 TITLE	SD	<input type="checkbox"/> DELETE
12.9 NAME	BROWN, SCOTT M	
12.10 STREET ADDRESS	2700 COLORADO AVE	
12.11 CITY, ST., ZIP	SANTA MONICA CA 90404	
12.12 TITLE	CFO	<input checked="" type="checkbox"/> DELETE
12.13 NAME	JOSPEH, THOMAS	
12.14 STREET ADDRESS	2700 COLORADO AVE	
12.15 CITY, ST., ZIP	SANTA MONICA CA 90404	
12.16 TITLE	AS	<input checked="" type="checkbox"/> DELETE
12.17 NAME	SILVER, RICHARD B	
12.18 STREET ADDRESS	2700 COLORADO AVE	
12.19 CITY, ST., ZIP	SANTA MONICA CA 90404	
12.20 TITLE	AT	<input type="checkbox"/> DELETE
12.21 NAME	MCMULLEN, TERENCE P	
12.22 STREET ADDRESS	2700 COLORADO AVE	
12.23 CITY, ST., ZIP	SANTA MONICA CA 90404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	Vice Pres. & Asst. Secty.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Christi R. Sulzbach	
13.3 STREET ADDRESS	2700 Colorado Avenue	
13.4 CITY, ST., ZIP	Santa Monica, CA 90404	
13.5 TITLE	Vice Pres. & Asst. Secty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	David W. Layne	
13.7 STREET ADDRESS	2700 Colorado Avenue	
13.8 CITY, ST., ZIP	Santa Monica, CA 90404	
13.9 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	Scott M. Brown	
13.11 STREET ADDRESS	2700 Colorado Avenue	
13.12 CITY, ST., ZIP	Santa Monica, CA 90404	
13.13 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Lawrence G. Hixon	
13.15 STREET ADDRESS	2700 Colorado Avenue	
13.16 CITY, ST., ZIP	Santa Monica, CA 90404	
13.17 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	Terence P. McMullen	
13.19 STREET ADDRESS	2700 Colorado Avenue	
13.20 CITY, ST., ZIP	Santa Monica, CA 90404	

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: *Scott M. Brown* Scott M. Brown

2/13/96

(310) 998-8427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)

*OME
2/17/96*