


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

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1998 MAR -2 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---|--|--|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>  |  |         |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # L11402 (9)</b><br>1. Corporation Name<br><b>P.I.A. PANAMA CITY, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b>  |  |  | Mailing Address<br><b>C/O MARY H. YUMIBE<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b>   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |   | 3. Date Incorporated or Qualified<br><b>08/25/1989</b><br>4. FEI Number<br><b>58-1857939</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |  |  |
| 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 _____<br>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D BROWN, SCOTT M</b><br>STREET ADDRESS <b>3820 STATE STREET</b><br>CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>   |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                              |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>VPS SILVER, RICHARD B</b><br>STREET ADDRESS <b>3820 STATE STREET</b><br>CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                              |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>AS LUNDGREN, ALAN</b><br>STREET ADDRESS <b>3820 STATE STREET</b><br>CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>  |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                              |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>VPT MCMULLEN, TERENCE P</b><br>STREET ADDRESS <b>3820 STATE STREET</b><br>CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                              |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                   |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                              |  |  |

SIGNATURE:

Richard B. Silver 2/25/98 805/563-7075

CR2E034 (10/97)