

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

**APPROVED
AND
FILED**

1998 MAR -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L11402 (9)
1. Corporation Name
P.I.A. PANAMA CITY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3820 STATE STREET SANTA BARBARA CA 93105	Mailing Address C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105
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3. Date Incorporated or Qualified
08/25/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 58-1857939	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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

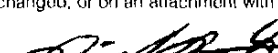
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, SCOTT M		1.2 NAME	
STREET ADDRESS 3820 STATE STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP SANTA BARBARA CA 93105		1.4 CITY - ST - ZIP	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVER, RICHARD B		2.2 NAME	
STREET ADDRESS 3820 STATE STREET		2.3 STREET ADDRESS	800002446028--1
CITY - ST - ZIP SANTA BARBARA CA 93105		2.4 CITY - ST - ZIP	-03/03/98--01085--026
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE	***150.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUNDGREN, ALAN		3.2 NAME	
STREET ADDRESS 3820 STATE STREET		3.3 STREET ADDRESS	
CITY - ST - ZIP SANTA BARBARA CA 93105		3.4 CITY - ST - ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMULLEN, TERENCE P		4.2 NAME	
STREET ADDRESS 3820 STATE STREET		4.3 STREET ADDRESS	
CITY - ST - ZIP SANTA BARBARA CA 93105		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P
STREET ADDRESS		5.3 STREET ADDRESS	Timothy L. Pullen
CITY - ST - ZIP		5.4 CITY - ST - ZIP	14001 Dallas Parkway Dallas, TX 75240
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 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 B. Silver** 2/25/98 805/563-7075

CR2E034 (10/97)