

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005906 (0)

1. Corporation Name

NARPM CHAPTER CORPORATION - FLORIDA SUNSHINE CHA  
PTER- SPRING HILL CHAPTER

Principal Place of Business

Mailing Address

% SPRING HILL RENTALS, INC.  
1225 KASS CIRCLE  
SPRING HILL FL 34606% SPRING HILL RENTALS, INC.  
1225 KASS CIRCLE  
SPRING HILL FL 34606-43083. Date Incorporated or Qualified  
11/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 5944

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Spring Hill, FL

29 Zip

Country

24

25

29 34611

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, DANIEL  
% SPRING HILL RENTALS, INC.  
1225 KASS CIRCLE  
SPRING HILL FL 34606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD  
NAME RICHARDS, DANIEL  
STREET ADDRESS % 1225 KASS CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34606TITLE VD  
NAME ANKERS, SALLY  
STREET ADDRESS % 1225 KASS CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34606TITLE TD  
NAME WILSON, LINDA  
STREET ADDRESS % 1225 KASS CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34606TITLE SD  
NAME PLUMMER, SALLY  
STREET ADDRESS % 1225 KASS CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34606TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. WILSON, TREASURER

4/9/97 (352) 688-1036

CR2E037 (9/96)