

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713763 (1)

1. Corporation Name
NAPM - FLORIDA INC.



Principal Place of Business 4517 ORANGEWOOD LOOP, WEST POST OFFICE BOX 8223 LAKELAND FL 33813 US	Mailing Address 734 KENSINGTON STREET P.O. BOX 8223 LAKELAND FL 33803-4128 US
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3. Date Incorporated or Qualified 12/08/1967	3a. Date of Last Report 03/16/1996
4. FEI Number 23-7274901	Applied For <input type="checkbox"/> 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 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	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**KLUG, PAULA
804 WATERS OAK DRIVE SW
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

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 *Paula Klug* **Paula Klug** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, LISA	
STREET ADDRESS	4419 ORANGEWOOD LOOP EAST	
CITY - ST - ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEITH, PRISCILLA	
STREET ADDRESS	1444 NORTH MONTROSE AVENUE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOADVINE, JACK	
STREET ADDRESS	1311 SOUTHGLEN LANE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICHOLS, PAT	
STREET ADDRESS	734 KENSINGTON STREET	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOLSKI, DOTTY	
STREET ADDRESS	4517 ORANGEWOOD LOOP WEST	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRINCE, CONNIE	
STREET ADDRESS	1970 HIGH VISTA DRIVE	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wolski, Dotty	
1.3 STREET ADDRESS	4517 Orangewood Loop W.	
1.4 CITY - ST - ZIP	Lakeland FL 33813	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1305 Sunset Avenue	
4.4 CITY - ST - ZIP	Lakeland FL 33801	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Perry, Bobbi Jo	
5.3 STREET ADDRESS	5223 St. Lucia Dr.	
5.4 CITY - ST - ZIP	Lakeland FL 33813	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pat Nichols* **Pat Nichols** 4-2-97 9411-2-5601

CR2E037 (9/96)