

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L14114**

(7)

1. Corporation Name
NAPSO ASSOCIATES, INC.



Principal Place of Business
**% CURTIS SOHL, JR.
3651 WILD PINES DR. #B203
BONITA SPRINGS FL 33923**

Mailing Address
**% CURTIS SOHL, JR.
3651 WILD PINES DR. #B203
BONITA SPRINGS FL 33923**

2. Principal Place of Business

2a. Mailing Address

21 State: **FL**
22 City & State
23 Zip
24 Country

26 State: **FL**
27 City & State
28 Zip
29 Country

g. Name and Address of Current Registered Agent

**SOHL, CURTIS, JR.
3651 WILD PINES DR
#B203
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified: **09/05/1989**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **65-0140857**
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. 199.032, Florida Statutes: Yes No

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 607.001 and 607.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent, 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 607.005, Florida Statutes.

SIGNATURE

12. Name and Address of Current Registered Agent

13. Name and Address of New Registered Agent

NO

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PTD	<input type="checkbox"/> DELETE
12.2 NAME	SOHL, CURTIS JR.	
12.3 STREET ADDRESS	3651 WILD PINES DR BONITA SPRINGS FL	
12.4 CITY, ST, ZIP	VPS	<input type="checkbox"/> DELETE
12.5 NAME	SOHL, NANNETTE M.	
12.6 STREET ADDRESS	3651 WILD PINES DR. BONITA SPRINGS FL	
12.7 CITY, ST, ZIP	D	<input type="checkbox"/> DELETE
12.8 NAME	SOHL, MICHAEL A.	
12.9 STREET ADDRESS	2062 SW RACQUET CLUB DR PALM CITY FL	
12.10 CITY, ST, ZIP	D	<input type="checkbox"/> DELETE
12.11 NAME	STEWART, PAMELA S.	
12.12 STREET ADDRESS	1385 FOUNTAINE DR. COLUMBUS OH	
12.13 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		<input type="checkbox"/> DELETE
12.16 CITY, ST, ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported on 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. 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 or changes to or on an attached form with an address.

SIGNATURE:

C. Sohl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CURTIS SOHL, JR.

2/1/96 (94) 947-7070

CR2E034 (12/95)