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Jan 28 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 # **N00611** (6)

1. Corporation Name

NAPM - FLORIDA GULF COAST INC.



Principal Place of Business	Mailing Address
PO BOX 13394 ST PETERSBURG FL 33733 US	PO BOX 13394 ST PETERSBURG FL 33733-3394 US

3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 06/22/1996
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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	29 Country
25	30

4. FEI Number 59-2434365	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GEORGE E. MARTIN
626 BAY LAKE TRAIL
P.O. BOX 237
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name **WILLIAM R. RECK, JR**

82 Street Address (P.O. Box Number is Not Acceptable)
1713 SAKURA DRIVE

83

84 City **VALRICO** **FL** 85 Zip Code **33594**

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 **WILLIAM R. RECK, JR. TREASURER** *William R. Reck Jr.* **1/12/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DNAD <input checked="" type="checkbox"/> DELETE
NAME	MIKE BARNEY
STREET ADDRESS	1800 9TH AVE N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	SCHANK, DOUGLAS
STREET ADDRESS	3201 34TH ST. SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, GEORGE
STREET ADDRESS	626 BAYLAKE TRAILS
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D
1.3 STREET ADDRESS	RICHARD FLAHERTY
1.4 CITY-ST-ZIP	3170 PINE FOREST DRIVE
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DNA/D
2.3 STREET ADDRESS	JOSEPH R. ZUPPARDO
2.4 CITY-ST-ZIP	5893 31st AVE., N.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T/D
3.3 STREET ADDRESS	WILLIAM R. RECK, JR.
3.4 CITY-ST-ZIP	1713 SAKURA DRIVE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	VALRICO FL 33594
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *William R. Reck Jr.* **WILLIAM R. RECK, JR TREASURER** **1/19/97** **813 372 0218**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051348

92E037 (9/96)