

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:34

DOCUMENT # **N12112 (1)**

1. Corporation Name  
**AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, FLORIDA WEST COAST CHAPTER, INC.**

Principal Place of Business Mailing Address  
**C/O MARK NEUMAN  
11311 CONCEPT BLVD.  
LARGO FL 34643**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/15/1985</b>  | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>59-2243338</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>c/o MARCIA VICKERY</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>c/o MARCIA VICKERY</b><br>Suite, Apt. #, etc. |
| 22 <b>21 PARK PLACE BLVD. N.</b><br>City & State                                      | 27 <b>21 PARK PLACE BLVD. N.</b><br>City & State                           |
| 23 <b>CLEARWATER, FL</b><br>Zip Country   | 28 <b>CLEARWATER, FL</b><br>Zip Country                                    |
| 24 <b>34619</b> 25 <b>PINELLAS</b>  | 29 <b>34619</b> 30 <b>PINELLAS</b>   |

9. Name and Address of Current Registered Agent  
**NEUMAN, MARK  
LINVATEC CORPORATION  
11311 CONCEPT BLVD.  
LARGO FL 34643**

|   |                             |
|---|-----------------------------|
| 10. Name and Address of New Registered Agent  |                             |
| 81 Name<br><b>MARCIA VICKERY</b>  | 85 Zip Code<br><b>34619</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>21 PARK PLACE BLVD. NORTH</b> |                             |
| 83  |                             |
| 84 City<br><b>CLEARWATER</b> FL   |                             |

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: Marcia Vickery  
Signature, typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE: **29 April 1995**

| 12. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br><b>PD</b>                             | NAME<br><b>NEUMAN, MARK</b>                 |
| STREET ADDRESS<br><b>11311 CONCEPT BLVD.</b>   | CITY - ST - ZIP<br><b>LARGO - FL</b>        |
| TITLE<br><b>VD</b>                             | NAME<br><b>KILTY, GERALD L.</b>             |
| STREET ADDRESS<br><b>514 HUMPHRIES RD</b>      | CITY - ST - ZIP<br><b>SAFETY HARBOR FL</b>  |
| TITLE<br><b>VD</b>                             | NAME<br><b>TORMEY, TOM</b>                  |
| STREET ADDRESS<br><b>1132 SOUTH FLORIDA ST</b> | CITY - ST - ZIP<br><b>TARPON SPRINGS FL</b> |
| TITLE  | NAME  |
| STREET ADDRESS                                 | CITY - ST - ZIP                             |
| TITLE  | NAME  |
| STREET ADDRESS                                 | CITY - ST - ZIP                             |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 11 TITLE<br><b>PRESIDENT / D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME<br><b>MARCIA VICKERY</b>                      |  |
| 13 STREET ADDRESS<br><b>21 PARK PLACE BLVD. N</b>     |  |
| 14 CITY - ST - ZIP<br><b>CLEARWATER, FL 34619</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE  |  |
| 22 NAME   |  |
| 23 STREET ADDRESS<br><b>514 HUMPHRIES RD.</b>         |  |
| 24 CITY - ST - ZIP                                    |  |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME   |  |
| 33 STREET ADDRESS                                     |  |
| 34 CITY - ST - ZIP                                    |  |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME   |  |
| 43 STREET ADDRESS                                     |  |
| 44 CITY - ST - ZIP                                    |  |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME   |  |
| 53 STREET ADDRESS                                     |  |
| 54 CITY - ST - ZIP                                    |  |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME   |  |
| 63 STREET ADDRESS                                     |  |
| 64 CITY - ST - ZIP                                    |  |

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard L. Kilty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/27/95**

DAYTIME PHONE: **(813) 725 7677**