


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12112 (1)**  
1. Corporation Name  
**AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, FLORIDA WEST COAST CHAPTER, INC.**



Principal Place of Business <b>C/O GERALD KITTY 514 HUMPHRIES ROAD SAFETY HARBOR FL 34621 US</b>	Mailing Address <b>C/O GERALD KITTY 514 HUMPHRIES ROAD SAFETY HARBOR FL 34695-4920 US</b>
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3. Date Incorporated or Qualified <b>11/15/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>21 C/O KAREN CARPER</b> Suite, Apt. #, etc.	26. Mailing Address <b>26 C/O KAREN CARPER</b> Suite, Apt. #, etc.
22. <b>12296 ARLENE AVENUE</b> City & State	27. <b>12296 ARLENE AVENUE</b> City & State
23. <b>SEMINOLE, FLORIDA</b> Zip Country	28. <b>SEMINOLE, FLORIDA</b> Zip Country
24. <b>34642</b> 25. <b>U.S.</b>	29. <b>34642</b> 30. <b>U.S.</b>

4. FEI Number <b>59-2243338</b>	Applied For <input type="checkbox"/> 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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KILTY, GERALD  
514 HUMPHRIES ROAD  
SAFETY HARBOR FL 34621**

10. Name and Address of New Registered Agent

81 Name <b>CARPER, KAREN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12296 ARLENE AVENUE</b>
83
84 City <b>SEMINOLE</b> FL 85 Zip Code <b>34642</b>

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 **KAREN CARPER, PRESIDENT** *[Signature]* **6/22/97**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DJE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>KILTY, GERALD</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>514 HUMPHRIES ROAD</b>	CITY-ST-ZIP <b>SAFETY HARBOR FL</b>	
TITLE <b>VD</b>	NAME <b>CARPER, KAREN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>12296 ARLENE AVENUE</b>	CITY-ST-ZIP <b>SEMINOLE FL</b>	
TITLE <b>VD</b>	NAME <b>KNOLLENBERG, ALLEN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1716 GROVE DRIVE</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>CARPER, KAREN</b>	
1.3 STREET ADDRESS <b>12296 ARLENE AVENUE</b>	
1.4 CITY-ST-ZIP <b>SEMINOLE, FLORIDA 34642</b>	
2.1 TITLE <b>EXECUTIVE VICE PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>BARRY BLOOD</b>	
2.3 STREET ADDRESS <b>2055 ATTACHE COURT</b>	
2.4 CITY-ST-ZIP <b>LARGO, FLORIDA</b>	
3.1 TITLE <b>PAST PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>KILTY, GERALD</b>	
3.3 STREET ADDRESS <b>514 HUMPHRIES ROAD</b>	
3.4 CITY-ST-ZIP <b>SAFETY HARBOR, FLORIDA 34621</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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.

CR2E037 (9/96)