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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26811 (2)			
1. Corporation Name NAPM - TAMPA BAY, INC.			
Principal Place of Business 2233 LAUREL OAK DR VALRICO FL 33594 US		Mailing Address PO BOX 2324 BRANDON FL 33509-2324 US	
2. Principal Place of Business 21 1918 REDBRIDGE DR		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 BRANDON, FL		City & State 28	
Zip 24 33511		Country 25 USA	
Country 29		Country 30	
9. Name and Address of Current Registered Agent HILL, JOYCE M. 2233 LAUREL OAK DR VALRICO FL 33594		10. Name and Address of New Registered Agent 81 Name HENRY R. MORBACH 82 Street Address (P.O. Box Number is Not Acceptable) 1918 REDBRIDGE DR. 83 84 City BRANDON FL 85 Zip Code 33511	
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 <i>Henry R. Morbach</i> HENRY R. MORBACH, PRESIDENT 4/12/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPERMAN, KARL T 9234 90TH ST N SEMINOLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOWEN, DONNA P. 5138 MADISON AVE TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT PD HENRY MORBACH 1918 REDBRIDGE DR BRANDON, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, STEVEN 9238 PEBBLE CREEK DR. TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIARAVELLA, SAL J 29350 RHODIN PL WESLEY CHAPEL FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D CASS M. EISEMAN 3311 N. SAN MIGUEL TAMPA FL 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRADDOCK, TEDDI 680 W DRIVE, M.L. KING BLVD PLANT CITY FL 33566	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLOTZBACK, LEE B. 116 CRAFT RD BRANDON FL 33511	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lee B. Glotzback</i> LEE B. GLOTZBACK TREASURER 4/12/97 (813) 253-3322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045352</small>			

CR2E037 (9/96)